# FACTS AND THEORIES OF PSYCHOANALYSIS

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# PSYCHOANALYSIS

*Ives Hendrick*, M D





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*AFFECTIONATELY DEDICATED*

TO

MY MOTHER AND FATHER

# ACKNOWLEDGMENTS

THE FIRST acknowledgment of any contributor to psychoanalysis is almost superfluous — an expression of his appreciation of the genius of Sigmund Freud. My more individual indebtedness is to those teachers of the Berlin Institute of Psychoanalysis who enabled me to understand his work: Doctors Franz Alexander, Sandor Rado, Karen Horney, Max Eitingon, and Hanns Sachs — to name only those to whom I owe the most; and to those two men to whom I chiefly owe my scientific and psychiatric preparation for psychoanalytic study, Dr. Milton C. Winternitz and Dr. Charles Macfie Campbell.

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Most of all I am indebted to my patients and students, not only for teaching me the facts of their unconscious minds (and now and then items that had been overlooked in the analysis of my own), but for the privilege of quoting their associations. The formulation of psychoanalysis without the clinical background is worth no printer's ink, but I have carefully tried in the selection and presentation of clinical fragments to avoid the possibility of personal embarrassment.

I. H.

# PREFACE

THE PRESENT volume attempts to give, as completely as brevity allows, an epitome of psychoanalysis, a survey of the whole science as it is understood by the specialist practising it today. No contribution which is not thoroughly discussed in the technical literature is attempted. And in only a few places, such as in emphasizing the concept of "instinct-representatives" and the relationship of unconscious psychology and physiology, in commenting on the therapy and prognosis of schizophrenia, and in formulating the nature of "Ego potentiality" (inevitably recognized by every practitioner, but too little discussed), has the author emphasized special individual interests of his own. The effort is made throughout to help the reader to distinguish consistently those facts and principles which are generally accepted by psychoanalysts at the present time from those which are decidedly controversial.

The book is oriented especially by the desire to make clear the distinction between the facts which are observed by all who practise psychoanalysis, and the theories. Clarity is sought by adequate illustration from practice or everyday life, even of many of the expositions of theory.

The discussion of education in Chapter IX will show why this book is not designed for technical instruction in the practice of psychoanalysis. Nor does it attempt to con-

vince the reader of what is proved only by direct observation. Its purpose is *informative*, to assist those with an intelligent interest to understand how the analyst himself regards his own work, and why. If it succeeds in this, it fulfils its purpose.

I. H.

*Boston, Mass.*
*March 17, 1934*

## CONTENTS


## *PART I.* THE FACTS OF PSYCHOANALYSIS

I · *The Unconscious* 3

The Unconscious 4
Investigations by Hypnosis 11
The Free-Association Method 14
Dreams 19
Unconscious Phantasies and Psychoneuroses 23

II · *Psychosexuality* 29

Bisexuality 30
Ambivalence 33
Sublimation 34
Displacement 37
Infantile Psychosexuality 39
Œdipus Complex 49
Pregenital Psychosexuality 52
In Psychoneurosis and Normal Adult Life 55
Confirmatory Evidence 59

III · *Punishment Phantasies and Psychoneuroses* 63

Unconscious Guilt and Punishment Phantasies 63
Case History 75
Psychoanalytic Data · Concluding Remarks 83

## *PART II.* THE THEORIES OF PSYCHOANALYSIS

IV · *The Psychoanalytic Theory of Instincts* 87

The Psychoanalytic Definition of Instincts 87
Biological Implications 88

Kinetic Implications 90
The Pleasure Principle 92
The Reality Principle 98
The Repetition Compulsion 103
Classification of the Instincts 104

V · *Theory of Psychosexuality and Aggression* 106
The Libido Theory 106
The Ego Instincts 111
Narcissism 113
Theory of Eros and the Death Instincts 121
Sadism and Masochism 125
Sado-Masochism and the Theories of Instincts 135
Summary of the Theories of Instincts 139

VI · *The Structure of the Total Personality* 141
The Id 143
The Ego 146
The Super-Ego 148
Clinical Applications 149
Identification, Punishment Phantasies, and the Super-Ego 159
The Anxiety Theory of Psychoneurosis 168
Anxiety and Psychoneurotic Inhibition 170
Anxiety and Hysterical Conversion 171
Anxiety, Obsessions, and Compulsions 174
Anxiety and Manic-depressive Psychosis 178
Summary 179
The Total Personality and the Theory of Instincts 181

*PART III.* THERAPY BY PSYCHO-ANALYSIS

VII · *The Psychoanalytic Method* 193
Technical Principles 193
Transference 194
Transference Neurosis 208
Resistance 210
Interpretation 215
Theory of Psychoanalytic Therapy 219

VIII · *Indications for Psychoanalytic Treatment and Prognosis* 224

SYMPTOMATIC INDICATIONS 224
The Psychoneuroses 226
Overt Sexual Symptoms 227
Other Symptomatic Psychoneuroses 228
Neurotic Character Problems 228
Sexual Perversions 230
Narcissistic Character 231
Psychoses 232
Organic Illness 235
ANALYSABILITY OF PATIENTS 238
Age and General Intelligence 239
Ego Potentiality 240
Secondary Gain 243
Real Situation 246
Summary 247
THERAPEUTIC RESULTS OF PSYCHOANALYSIS 248
PSYCHOANALYSIS OF CHILDREN 254

*PART IV.* THE PRESENT STATUS OF PSYCHOANALYSIS

IX · *The Present Status of Analysis* 261

Professional Organization 261
Psychoanalytic Education 263
Psychoanalysis and Psychiatry 268
Jung, Adler, and Rank 273
Conclusion 280

*Glossary* 283

*Suggestions for Further Reading* 304

*Index* *follows page* 308

# PART I

# THE FACTS OF PSYCHOANALYSIS

# CHAPTER ONE

## THE UNCONSCIOUS

PSYCHOANALYSIS is the science of the unconscious functions of the mind and personality, developed by Sigmund Freud and his students. The term "psychoanalysis" is properly used in the following ways:

1. to designate *empirical observations* on those determinants of human personality and behaviour which are not disclosed by the investigation of rational thought and motivation (either by introspection or by direct study of another);
2. to describe the special *technique* of Freud for the demonstration and study of these unconscious mental events and for the treatment of personality problems and neurotic symptoms; and
3. to signify that *theoretical* system of psychology which consists in the abstraction of these observations and the inductive inferences made from them.

In a broader and less scientific sense, "psychoanalysis" may properly be used to designate the application of knowledge of the individual derived from such study to many allied subjects — for example, sociology, criminology, economics, art and literature, pedagogy, anthropology, religion, and ethics.

"Psychoanalysis" is constantly misused, as though it were a synonym for any type of psychotherapy, for sexual psychology in general, and for amateurish philosophical, reformatory, or ethical systems of a liberal or fanatical sort. Such misapplication of the word betrays as a rule either ignorance or misapprehension of psychoanalytic science.

*The Unconscious.* "Unconscious" is a word which Freud uses in two senses; as a simple *adjective*, to describe mental phenomena of which the person is unaware; or, secondly, as a *substantive*, to designate the aggregate of such observations. In this substantive and more theoretical sense, Freud refers to "*the* Unconscious," as though it were a special region of the mind. This does not imply any special knowledge of actual anatomical segregation; it is merely a convenient means of thinking of the totality of those psychological processes which differ from other mental phenomena chiefly in the inability of the subject to recognize or recall them by a simple effort of attention. *The* Unconscious, therefore, is the source of unconsciously motivated thoughts and acts, taken in the aggregate.

It is the particular task of psychoanalytic technique to investigate systematically the details of unconscious thoughts, memories, and wishes. When an objectionable idea or memory occurs to a patient, we say that this idea had been unconscious whenever the patient was previously unaware of it, though it had exerted a causal influence on his symptoms and actions. These unconscious thoughts

cannot be discovered by the everyday intellectual processes of rational thought.

Most arguments against the existence of an "Unconscious" are of a philosophical nature, advanced by those who ignore the basic empiricism of Freud. It is this which distinguishes Freud's scientific contribution from that of philosophers, such as Spinoza, Schopenhauer, and Hartmann, who had previously evaluated an unconscious type of mentation. Freud proved the validity of many of their intuitive conclusions by laborious observations.

Other arguments against the concept of the Unconscious are occasionally advanced by scientists who have applied Freud's technique either inexpertly or not at all.

The Unconscious, like the chemical concept of atoms, is *theoretical* in so far as it is never observed directly; and *empirical* in that it is an essential inference if we are to explain logically and systematically a large mass of isolated observations which may be consistently confirmed. Otherwise the phenomena studied by analysts appear inexplicable and chaotic. These phenomena must be closely related to all vital manifestations of the organs the study of whose functions comprises normal and abnormal physiology. Practically, our knowledge of the more subtle and complex physiological functions and neurological pathways is wholly inadequate to describe the Unconscious in a useful way by its unknown chemico-physical properties or anatomical localization. If, however, in accordance with our observations, we formulate our inductions and generalizations in *psychological* terms, we succeed in describ-

ing certain properties and general laws of the Unconscious which are of substantial value.

For example, a hysterical paralysis (in which no disease of the tissues can be demonstrated) is obviously the result of some alteration of function in certain muscles and nerves; yet neither normal nor abnormal physiology gives a useful explanation of the process. Neurologists succeed only in diagnosing it as "functional," and many internists as a "general nuisance." On the other hand, psychoanalysis successfully describes this type of symptom in terms of unconscious mental processes which have general validity, not only for the specific case, but for all other symptoms of hysteria and other cases which manifest them. It can also show that some of these same laws are decisive for a large variety of other phenomena (for example, obsessions and dreams), the description of whose obvious properties discloses no resemblance to hysteria. And it can show how the etiology of the hysterical symptom differs from that of these other phenomena, and why an individual patient suffers from paralysis rather than from some other dysfunction, and why the paralysis affects that particular part of the body in that particular case.

Freud calls each impulse which motivates a specific act, phantasy, or symptom a "wish," as it represents a certain need of the individual, even though it is consciously denied.

Many examples of human behaviour could be cited where the effectiveness of a wish which is unconscious is obvious to anybody except the subject. The girl who vehemently criticizes the taste in clothes of a friend often

cannot consciously admit the real motive: "I wish I looked like her, and hate her because that man admires her." The mother who consciously maligns a school-teacher who justly punishes her son cannot endure the conscious thought: "My son was bad, not so good as the other children." The real motives of the "reformer" who consciously believes he is protecting others' morality and unconsciously enjoys a mass of obscene literature in the role of public censor are commonly recognized. In Eugene O'Neill's play *Mourning Becomes Electra,* Lavinia contrives the death of Captain Brant, her mother's lover, apparently to defend her father and avenge her mother's turpitude. At the height of angry passion, she suddenly cries: "Brant" to her own lover. Every member of the audience realizes the mistake is not pure chance, but discloses her love of Brant, even though she has so persistently concealed it from herself. The significance of a similar "slip of the tongue" in real life was immediately apparent when a man said to his childless wife: "When you're sewing, I think of Penelope weaving at her *womb.*"

These are all examples of the unconscious but effective wishes which are the primary object of psychoanalytic study. The girl does not know her jealousy; the mother cannot think of her child's fault; the reformer may be unaware of his hypocrisy; Lavinia could not endure the thought of a hopeless and guilty love; the husband conceals his thwarted wish for a child. The reason for these people's blindness to their own motives is in every case the same: awareness of the emotion associated with the unconscious thought is too excruciating to be endured, and the painful thought must therefore be excluded from con-

scious meditation. Nevertheless, though unconscious, the emotional tension associated with each of these ideas impels the individual to some form of expression which has the dual purpose of satisfying indirectly the emotion and of disguising its real source. Thus hatred of a rival is expressed by condemning the rival's taste instead of her success in love; the censor explains his obscenity as an act of social beneficence; Lavinia's life is consumed, not by thoughts of love for Brant, but by thoughts of how bad her mother is and how wronged is her father; the husband affectionately praises his wife's sewing and does not condemn her childlessness.

The technical term for such exclusion of painful thoughts from consciousness is "*repression.*" The intellectual distortion by which the individual explains an unconsciously motivated act or symptom is termed "*rationalization.*"

Psychoanalysis has shown that "*rationalization*" is a secondary process, and that unconscious wishes are more vital factors in the motivation of human conduct. Every mental and social act can be shown by the study of their unconscious motives to have a definite cause, to be purposeful and "emotionally logical," however unreasonable it may appear biologically or intellectually. Such processes do not in themselves constitute abnormality. It is only when unconscious motives produce acts or symptoms which lead to suffering or are detrimental to happiness and success, as is conspicuously the case in all psychoneurotic manifestations, that the repressed, unconscious wishes become of prime medical importance.

Unconscious wishes are generally less obvious than the

simple cases cited above and are apparent neither to the subject nor to another person. The special technique of psychoanalysis must then be utilized in order to discover them.

For example, can a more adequate reason than "pure accident" be found why a man loses one of two theatre tickets? No other explanation than "pure accident" is apparent to the patient or to his friends. Psychoanalysis discloses a series of memories which had been forgotten (unconscious). On the reverse side of the lost ticket he had scribbled the address of a man with whom he had an appointment. The appointment was of considerable practical importance. Although their relationship was cordial, on one occasion the man had made a casual remark which severely wounded the patient's feelings. This he had forgotten until the memory returned in analysis. He, therefore, had two attitudes to his friend: *conscious* friendship and a practical need of his help, and the *unconscious* wish: "I hate the man that said that about me, and don't want to see him again." Those were incompatible attitudes. Yet, though the conscious feeling of friendship was not only more pleasant but advantageous, the wish to avoid a person he at the same time unconsciously hated had determined the "accidental" loss of a card bearing his address and thus fulfilled the wish not to see him again.

The relationship of the unconscious wish to behaviour is somewhat more complex in the following example. A man could not remember the name of a recent acquaintance, Mrs. B—t. He was sure his moderate feeling for the lady was pleasant and there was no latent antagonism. By use of psychoanalysis it was demonstrated that her

general personality and social position, as well as a similarity of names, had suggested that of another woman, Mrs. B—n. This woman he scarcely knew, but her name had been frequently mentioned in association with a man whose hostility had greatly injured his business. One sees here how unconscious events may be indirectly associated with an otherwise "innocent" detail of experience and cause forgetfulness. Memory of the lady's name threatened him with the pain of recalling a similar person and consequently a very unpleasant episode of his life. Even though his emotions in regard to neither of the two ladies necessitated repression, a chance association with a repressed and pain-provoking memory affected his mental attitude to them. His forgetfulness is similar to forgetting the name of a town where one once had one's suitcase stolen.

Another patient was much distressed in life by an excessive meekness and lack of self-confidence. For a long time he had been laughed at for a sudden, tic-like movement of his flexed arm across the front of his body. Eventually he recalled that this was a repeated abbreviation of a pose he had occasionally assumed before a mirror, imitating pictures of Napoleon with hand in waistcoat. These phantasies of being world-conqueror had long been forgotten. When they became conscious, the tic disappeared and the patient could no longer argue that his lack of aggression, which was in fact a denial of excessive, childish ambition, was a special virtue.

Another man one day saw an overcoat hanging from the door-knob of his older brother's house. Thereafter he had to go home a roundabout way, so that he should not see this

door. Such behaviour was completely inexplicable until, in the course of analysis, he recalled that the instant he had seen the coat he had thought it was crepe, and then recounted a series of occasions for violently hating his older brother. The illusion that the coat had been crepe had expressed a deep, repressed wish that his brother might be dead. The avoidance of his brother's house was, therefore, a purposeful precaution against the chance of again stimulating the recognition of a hatred which had long been "repressed" and denied by a conscious feeling of special solicitude for his brother's well-being.

Freud's discovery that decisive motives in human thought and conduct are very often unconscious was the outcome of his investigation of the psychoneuroses, at first hysteria, and later the compulsion and obsessional neuroses.[1]

*Investigations by Hypnosis.* As a young physician, Freud had gained recognition for researches in physiology and neuropathology in the laboratories of Brucke and Meynert. He became interested in hysteria, and left Vienna in 1885, at the age of twenty-nine, to spend a year in Charcot's clinic at the Salpetrière. This master was demonstrating that symptoms of hysteria could be produced and allayed by hypnotic suggestion. Though Charcot himself attempted to explain the remarkable effectiveness of hypnosis by a physiological theory doomed to early

[1] In this book I shall generally follow informal analytic usage, using "neurosis" and "psychoneurosis" as though synonymous, although the existence of organic "neuroses" is fully recognized Similarly, I shall refer to "sexuality," where the more cumbersome "psychosexuality" would be more exact, and use "analysis" for "psychoanalysis."

obsolescence, his actual work had fully established the fact that psychological influences could definitely affect bodily mechanisms.

When Freud returned to Vienna, and after a visit to Bernheim in 1889 had convinced him of the limitations of hypnotic suggestion, he became the collaborator of Josef Breuer. This eminent neurologist had already, between 1880 and 1882, discovered that hysterical patients could recall experiences of which they had no memory when in a normal waking state.

For example, among other hysterical symptoms, a girl presented paralysis of an arm and inability to converse in her mother-tongue, so that generally she understood only English. Under hypnosis a forgotten and tremendously emotional experience was recalled. This was a scene of nursing her dying father, when her arm was pressed against the chair exactly where her paralysis developed, and she spoke an English prayer. Another woman developed a tongue-tic, making a clucking noise every time she became excited; under hypnosis she recalled that this involuntary act began when striving to make no noise which might awaken her child, who was ill. A man who had a severe hysterical pain in his hip recalled under hypnosis that it was first experienced when witnessing the forcible extension of an ankylosed hip-joint of his brother.

Freud now collaborated with Breuer, adopted his technique, and confirmed and amplified his observations. In 1893 they published together their observations and inferences, their conclusive demonstration of significant unconscious mental processes, and their " traumatic theory " of hysteria. They had shown: first, that an event of great

subjective emotional significance, if sufficiently painful to the individual, may be excluded from consciousness and cannot be recalled in the normal waking state. Secondly, that under hypnosis this event may be recalled, and it can then be shown that some detail of the traumatic experience, whether it be a single occasion or a series, is identical with details of the hysterical symptom. For example, the patient's emotional experience at the bedside of her father had been forgotten, but the subsequent loss of sensation coincided with that portion of her arm which had been pressed against the chair. Therefore, they concluded, the experience, though unconscious and not under ordinary circumstances accessible to memory, can exert a lasting effect and cause hysterical symptoms years afterwards. This transformation of an emotional impulse into an abnormal physiological function they termed "*conversion.*"

To explain these observations they formulated the "*traumatic theory of hysteria,*" concluding that a hysterical symptom is caused by a traumatic psychological event, of whose conscious recollection the patient had been incapable.

Finally, they showed that if this recollection of the traumatic experience under hypnosis was accompanied by an intense reproduction of the original emotion, often with a hallucinatory reproduction of the trauma, it no longer exerted an unconscious etiologic influence, and the symptom disappeared. This therapeutic event they called "*abreaction,*" and the method emotional "*catharsis.*"

Their work had been a conclusive demonstration of unconscious, repressed, mental processes which exert dynamic effects long after the original stimulus, and of the

possibility of an *etiologic* type of therapy for functional symptoms. The basic principle of psychoanalysis, the role of the unconscious, had been fully established. But subsequent work was to show how inadequate was the original traumatic theory as an explanation of psychoneurosis, and of how little permanent value was therapy by hypnotic abreaction. The experiments of Breuer and Freud with hypnosis were the corner-stones on which the edifice of modern psychoanalysis was to be built.

*The Free-Association Method.* With this work Breuer's role in the history of psychoanalysis ends. Freud had already, soon after 1890, become dissatisfied with hypnosis as his instrument of investigation and therapy, for the following reasons: first, not all patients could be hypnotized; secondly, though a specific symptom was cured by emotional "catharsis" during hypnosis, the cure of the disease was temporary; and, thirdly, hypnosis influenced only those unconscious factors which were striving for expression and did not affect the prohibiting forces which were responsible for their exclusion from consciousness.

Moreover, hypnosis placed none of the functions peculiar to waking life at the disposal of the physician; its effectiveness was dependent on the patient's infantile submission to the power of the physician and circumvented, instead of developed, the patient's capacity to combat his illness. The cure was symptomatic; it was not a cure of the illness, and it was soon found to be dependent on a perpetuation of the personal relationship of the patient with his physician.

While working with hypnosis, Freud had already made

a discovery of a principle whose very naiveté is startling. He discovered that a great many important communications, which at first he had believed only hypnosis would reveal, would be told by the patient while awake if the physician listened sympathetically. These pertinent references to the intimate feelings could in no way be correlated with the medical learning of the day. For such an attitude towards the patient was the opposite to that of the physician whose treatment is dependent upon impressing the patient with a knowledge he does not possess. Freud had admitted to himself the palpable truth that medicine still knew nothing at all about the causes of hysteria.

True, physicians of all time, in their role of humanists, have listened to their patients' troubles; but none had thought to study those revelations systematically, to use them as the raw material of a scientific inquiry. Freud's genius for observing, not only organic symptoms, but human nature, soon led him to appreciate that it was not the most carefully reasoned utterances of his patients that were most helpful in his studies, but those which came spontaneously and with increased emotion. Merely listening to all that some of his patients knew of their own problems, duplicating the role of the Roman Catholic confessor, would not, of course, have led to psychoanalysis; for it was necessary to learn also what they did not and could not know of their own unconscious selves. But it was the clue which led to the development of the new free-association technique for the study of human problems, the method which became the keystone of psychoanalytic technique in later years.

"Free association" is based upon the principle that

there are two distinct ways in which ideas are associated with one another in the human mind. That of ordinary waking life is, so to speak, " horizontal "; a series of ideas are associated because of their logical relationship. To maintain this, the most conscious type of thought, there is a constant exclusion of ideas which threaten to intrude and break the logical continuity of this " horizontal thinking." The intruders are consciously discarded, or " repressed," from the focus of attention because they are illogical, embarrassing, disgusting, repugnant to ideals, or painful to self-esteem.

The second type of association of ideas is one in which thoughts succeed each other, not because they are rationally related, but because they are *emotionally* related. This occurs to some extent in normal life — for example, when a man hates another whom he intellectually esteems. In reverie, such as that which commonly occurs after retiring and before deep sleep, day-dreams and memories may succeed each other in a haphazard way which defies an intellectual appraisal. In panic such ideas will lead to acts of whose contemplation individuals would have ordinarily been incapable.

Freud made this second type of thinking, to which scientists before Breuer usually had paid scant attention, the basis of the " free-association " method. The patient was asked to relax his attention and to report as well as he could each thought which came into his mind. He was specially instructed to ignore to the very best of his ability all self-criticism, intellectual and moral, which might dictate that an exception be made of this or that spontaneous association. Not only thoughts, but also the

gestures, intonations, and emotional difficulties encountered while communicating associations constitute the empirical data of psychoanalysis. The science of psychoanalysis is the intellectual appraisal of this data.

The contrast of logical association and free association in mental processes was neatly illustrated in the following incident of a psychoanalysis. The patient criticized the logic of a remark by the analyst and, to prove his point, suggested this illustration: "If two women have brown eyes, it is illogical to say they are the same woman; if one man is run over by a train, and another by an automobile, it is illogical to say it is the same man that was run over." The patient was asked to give his free associations to "brown eyes," and at random spoke about his mother and sister, who both had brown eyes. His associations to "run over" dealt with a trip his father had made by auto, and a trip the analyst had made by train, and his phantasies that each would be injured. The patient's principle of deductive logic was sound. At the same time, free association disclosed that, in his unconscious, mother and sister *are* the same — that is, they are unconsciously the objects of identical emotions. Further analysis established in many ways that an outstanding feature of his whole development was his need in very early life to escape the position of strong love and resentment for his mother, and the chief method had been to derive from his sister the various pleasures he originally wished from his mother, while rejecting his mother to an extreme degree. Analysis also disclosed that the two men whom he had phantasied as run over were the same man, so far as his unconscious emotions concerning them were identical; for

father and analyst were hated for the same reasons. Thus logical contradiction does not necessarily mean emotional contradiction, and it is the special function of "free-association" technique to show relationships which are emotionally decisive even though illogical. Moreover, analysis discloses that not only may two people be the same, but the same person may be both loved and hated at the same instant. This incident illustrates, not only the difference between logical and emotional identities, but the use of the intellect itself to maintain repressions; for logical argument prevents emotional associations from emerging from the unconscious over and over again.

By this new "free association" method Freud not only circumvented the disadvantages of hypnotic technique, but very greatly extended his previous knowledge of psychoneurotic etiology. He demonstrated, first, that when free association was consistently used, a patient, while fully conscious, could eventually discover significant wishes and memories which had previously been repressed and unconscious. Secondly, he was able to show that the adult traumata, which he and Breuer had investigated by hypnosis, were precipitating, and not primary, causes; that, though they frequently determined the specific features of the individual symptom, the original psychic factors which predisposed an adult to a psychoneurosis and made him especially incapable of recovering normally from such adult traumata were events of the earliest years of life, infantile emotional experiences which still acted with dynamic effectiveness in the unconscious of the neurotic adult. Thirdly, he discovered the relationship of certain sexual impulses and experiences of infancy

to psychoneuroses and to other phenomena of adult life. This discovery soon led to intensive investigation of other aspects of childhood development, especially the child's hostility and his anxiety reactions to discipline. And, fourthly, he learned that unconscious motives produced not only hysterical symptoms, but other mental manifestations as well, such as obsessions, weeping, temper fits, typical character traits, dreams, and errors of speech and act in everyday life. We shall now consider briefly his early investigations of dreams, and later return to his studies of the psychoneuroses.

*Dreams.* Freud had noticed that when patients associated freely, not infrequently dreams of the night before, or of years past, would occur to them. Thus, quite by accident, while investigating psychoneuroses, Freud discovered that dreams have a definite meaning, even though it is disguised. Free associations to each fragment of a dream often lead more quickly to the disclosure of unconscious memories and phantasies than associations to other topics. Using the technique of free association to the dreams of his patients, and then to his own dreams, Freud gathered a large amount of data, some of which he published in 1900. He had proved that a dream, like a psychoneurotic symptom, is the conscious expression of an unconscious phantasy which cannot be thought of in waking life unless the technique of free association is skilfully used. This unexpected discovery has subsequently played an important, but not indispensable, role in the technique of analysing the Unconscious. Dreams are one of the normal manifestations of unconscious activity, and

were shown later by Jung to be very similar to the pathological waking thoughts of insane people with delusions and other disturbances of mentation.

The dream image regularly represents an unconscious *wish*, but this significance of the image is at the same time disguised from waking thought. The most common of many devices by which the psychic apparatus effects this disguise is to represent a significant image by one which seems absurd or irrelevant. For example, a patient dreams of a dog with red eyes. The real unconscious wish of the dream, free association discloses, concerns his grandfather; but his grandfather is disguised from consciousness as a dog, until the patient recalls that throughout childhood he had feared the redness of his grandfather's eyes when he was in a temper. There is no logical connection between dog and grandfather; but over and over analysis shows how unconsciously one common factor of two different objects is utilized to represent both, when the emotional attitude to both is the same. Because of this common factor, the emotions towards a grandfather can be represented in a dream by the emotions towards a dog, and the associated thought of the grandfather remains unconscious.

Another patient dreams of a stranger sitting in a chair; the unconscious wish concerns the analyst, whose identity is only disclosed when the patient recalls that, of all the people of whom he thinks, only the analyst is visualized sitting as in the dream. Analysis by free association of the posture has led to the unconscious image which was disguised. Freud terms the dream image itself, that which we recall on awakening as our dream, the "*manifest con-*

*tent,*" and those disguised images, which are the real motive of the dream, the "*latent content.*" Thus, "dog with red eyes" is manifest content, and "grandfather's eyes" and "grandfather's temper" latent content. Psychoanalysis aims to discover the latent content of the dream which is remembered, yet the critics of Freud's dream psychology persistently overlook that it is not derived from study of the manifest content alone, but by psychoanalysis of the disguised, unconscious, or latent content.

Of thousands of observations which confirm Freud's original conclusions, we can cite only one here. A man who is chiefly preoccupied with mental devices for consciously denying and concealing from himself an erotic interest in women reports the following "manifest content" of a dream: "Two Negro boys were wrestling." In analysis the latent content — the phantasies and memories represented by this "harmless" image and previously not admitted in his waking life — is mainly erotic. He recalls a series of experiences which had been immediately excluded from his waking thoughts. "Negroes" remind him of a Negro couple he had seen the preceding day, when he had observed the woman's figure; of a Negro woman seen with a white man a week before, and the obscene remarks of his companions; of white couples, and erotic adventures which his friends recounted; of youthful experiences of his own; of his zealous curiosity in the accounts of miscegenation which relatives from a southern state had discussed. "Boys wrestling" recalled to him a tussle of childhood, when he had been punished coincidentally for wrestling and for erotic mischief with a little girl, and voluptuous sensa-

tions experienced when watching the coaching of wrestling teams at college accompanied by thoughts that some of the wrestlers' holds were like those of amorous couples. In this dream, therefore, was represented in a "harmless" and disguised fashion a series of past erotic thoughts and experiences, each of which had one detail in common with either "Negro," "boys," or "wrestling." These the patient had previously regarded as foreign to his nature, and if they did erupt spontaneously, he immediately and involuntarily had excluded them from conscious thought. The unconscious wish, or "latent" thought of the dream, was: "I want to satisfy my erotic needs like these other people." But this had been disguised by a platonic image which was related only by chance association of individual details of "Negroes" and "wrestling" with forgotten, unconscious, erotic incidents of his life. In this way the psychic apparatus had a device which represented the unconscious need, but coincidentally made it unrecognizable by his hypermoral, waking consciousness.

Thus unconscious past experience is utilized in the psychological construction of dreams. Another mechanism in the formation of dream images is "symbolism." This had been recognized by Scherner and other students even before Freud's investigations. It was finally proved by him, and especially studied by Wilhelm Stekel. Symbols are elements of dream images (occasionally the whole dream) which are derived not from the experience of the individual, but from a universal propensity of all people to represent certain unconscious thoughts, especially sexual ones, by certain symbols. Thus the male genital is frequently represented by snakes, swords, or

trees. The female genital is represented by boxes or by ravines. Experience with free associations of many individuals has enabled analysts to learn of a large number of such symbols which recur over and over and in different individuals have identical latent contents. They are conspicuous not only in dreams, but in ritual, in poetry, in art, and in everyday life. For example, a man leaves his key in the automobile switch by chance; in his associations he recalls that at the moment of leaving the car he was thinking of a prospective visit to his sweetheart. Analysts know that repeatedly a genital wish is also symbolically represented in dreams by keys and locks. A large part of the speech of schizophrenics consists in such symbols, so that at times one who is familiar with them can converse with such a patient in a " dream language " consisting in symbols; this sounds as absurd as Chinese to an Englishman, but is quite intelligible to the informed.

*Unconscious Phantasies and Psychoneuroses.* With the discovery that adult traumata were precipitating and not primary causes, Freud investigated the factors which predispose certain individuals to react to such acute emotional situations with neurotic illness, while others suffer only temporary and normal distress.

Psychoanalysis now became the detailed review of the patient's whole personality and social, professional, and sexual adaptation, rather than the elucidation and cure of individual symptoms. This involved a survey of the patient's entire development, especially of those earliest experiences whose disclosure by free association was most persistently combated by the conscious mind.

Freud found that unconscious wishes not only produced symptoms, but affected, less obviously but no less vitally, the whole success and happiness of the individual. A hysterical symptom, for example, was often found to be only one expression of a total problem which had prevented a woman from accepting her opportunities for marriage and children. An obsession proved to be a superficial indication of an unconscious problem which had kept a man from doing efficient work and realizing his professional potentialities. If these fundamental problems were relieved, the presenting symptoms automatically disappeared; if only the symptom was helped, what importance was that to the total life of the patient? Less, the psychoanalyst's experience taught, than the value of an ice-cap to abdominal pain when an etiological process in the appendix is neglected. It is for this reason that the interest of modern psychoanalysts in the presenting symptom is chiefly that it indicates the presence of a fundamental unconscious problem. Though they concede that hypnosis and other suggestive methods of psychotherapy are often the best expedients for quick and temporary effects, they prefer this laborious and time-consuming method of psychoanalysis for obtaining a lasting amelioration of the neurosis itself.

At first Freud was disposed to revise the conclusions he had reached in his work with Breuer by saying that adult traumata were secondary, and infantile traumata were primary causes of psychoneurosis. Patients had reported to him during psychoanalysis the occurrence of vivid, hitherto unrecalled "memories" from the first three and four years of life, especially incidents of seduc-

tion by adults. The tremendous emotion which accompanied these unexpected statements of patients during analysis, together with many details which showed a relationship of these events to adult experience, and their consistent occurrence during analysis of psychoneuroses, seemed at first to justify the unanticipated conclusion that these early seductions were the primary cause of most adult neurosis. But as he proceeded, Freud discovered that so large a number of patients reported the same convincing early and apparently traumatic " memories " that it was highly improbable that so many individuals could all have had these same experiences. When confronted with this dilemma, Freud for a time was strongly inclined to renounce all his previous conclusions. On the other hand, the positive evidence of some etiologic relationship of his patients' statements to the neurosis was too overwhelming to be discarded.

Finally Freud hit upon an explanation of this apparent paradox which all subsequent work has confirmed. Even though the external events reported as memories had not actually occurred, the occurrence of the patient's pseudo-memory was a fact in itself. Though it was highly improbable that certain external situations would recur with the frequency with which they were reported, it was not more improbable that all children might be disposed to imagine similar events than that widely separated races should have many similarities in their myths. As psychotic adults have delusions possessing the full value of reality for themselves, so the little child's imagery is possessed of convincing similitude to actual experience. It is not always an event, but may be a phantasy that is

repressed; and when such a phantasy is recovered in psychoanalysis, it again manifests that convincing similarity to actual experience it had originally had in childhood. This, however, does not imply that infantile traumata have not in many cases played an important role, and that none of the reported infantile events actually occurred. There is conclusive evidence to the contrary. But the point is that phantasies of infants when repressed may exert the same dynamic and continued effect on the adult personality as actual experience.

This conception is a landmark second only to the recognition of the unconscious, not only in psychoanalysis but in all departments of clinical psychiatry. It is the point where today psychologically-minded scientists and those who insist there is no objective validity where statements have no external justification part company. For the principle applies not only to infantile repression, but to all details of psychological experience which are subjectively distorted. A patient who must wash her hands fifty times a day; a person who believes he is Christ; a man who constantly complains that an amiable wife is a fiend; a person who enjoys posing as a millionaire — all such acts and statements may have no rational validity, yet, whether or not evidence (in the legal sense) shows they are representations of fact, it is always a fact that they represent what the individual thinks, feels, or must do. The belief that a witch flew over the house is as authentic an item in the psychology of the believer as the burning of supposed witches is authentic history. Some psychiatrists who have not accepted this modern orientation will, for example, spend many hours confirming or refuting a pa-

tient's statements that he is illegitimate, and no time at all in investigating the feelings and emotions which motivated or resulted from the belief.

Finally, Freud discovered that all factors contributing to a neurotic reaction are intimately associated with the sexual life of the patient, and the sexual life of his childhood as well as adulthood. In addition Freud has always recognized heredity as one of the etiological factors. Today, in psychiatric usage, " heredity " or " constitution " has actually come to be used chiefly to disguise ignorance, in that everything we cannot explain is ascribed arbitrarily to it. When we find that an environmental situation plays a role in a specific maladjustment, the role of heredity is less emphasized; the disclosure of adult traumata which have become unconscious still further reduces its significance, and the demonstration of infantile repressions do so still more. At this point, however, analysts are compelled to join their colleagues in assigning what is still inexplicable to hereditary causes. There is no reason to doubt that an individual with sufficiently inferior germ plasm cannot escape mental illness under any life conditions; but it is also apparent that individuals whose heredity and infantile experiences are not unusually unfavourable may be made neurotic by exceptional emotional strain.

The final conclusions from psychoanalytic study of unconscious wishes in psychoneurosis are that, in addition to hereditary predispositions which cannot be appraised exactly, and environmental problems, which are generally secondary, the following groups of etiological factors are of primary importance: (1) adult emotional traumata (acute or chronic); (2) infantile traumata (acute or

chronic); (3) certain infantile phantasies. These are the sources of dynamic mental processes unknown to the individual and therefore unconscious, which motivate many of his life activities, his psychoneurotic symptoms, his traits of character, and his dreams. They are often rationally incongruous, unknown to the student of organic processes, and unknown to psychologists who study only conscious and rational phenomena.

## CHAPTER TWO

## PSYCHOSEXUALITY

THE WORD "psychosexuality" (colloquially "sexuality"), as used by analysts, comprises a wider group of phenomena than the emotions and acts obviously related to union of the genital organs. "Sexuality" includes "genitality" (as analysts say when reference to impulses to normal adult intercourse is intended), but *also* all other aspects of life to which the term "love" is commonly applied — friendship, ideals, parent-child affection, love of abstractions, self-love, etc., and all pleasant bodily sensations. The broadest customary usage of "love" also implies that we *love* what gives us pleasure, or what is essential for our pleasure. The universal characteristic of "sexuality," as used in psychoanalysis, is also the *pleasure*, either potential or realized, sensual or emotional, afforded the subject.

Early in his investigations Freud had observed that unconscious wishes and memories which were causal factors in neurotic problems were always closely related to some frustration of either a sexual wish or a hostile wish, and that love and hate are so closely united as to defy separate consideration. For one hates either the rival, actual or imaginary, of an object of love, or else the loved one who withholds what is desired.

Though their basic etiology may require months of analysis to discover, the concurrence of neurotic problems and sexual dysfunction can usually be established without special technique. Most psychoneurotic patients, if encouraged by sympathetic listening, will themselves describe the travail of their *conscious* sexual life. If it is not worry over masturbation, it is impotence, frigidity, imperfect orgasm, lack of confidence with the other sex, excessive shame, or inability to satisfy both sensual and tender needs with the same permanent partner. One therapist who, after receiving psychoanalytic training, continued the treatment of a former patient was told: "I tried to tell you these things for two years, and you would not let me!" Psychoneurosis without conscious sexual problems [1] apparently does not exist. Occasionally a patient may at first minimize them, declaring "those are unimportant things," or diffidently withhold communication of them for some weeks. Eventually he always tells of them, without any suggestion by the therapist.

Freud's contributions to unconscious sexuality concern both adult and childhood phenomena. Before discussing the latter we shall mention four phenomena which are characteristic of it at any life epoch, and of both normal and abnormal people: bisexuality, ambivalence, sublimation, and displacement.

*Bisexuality.* Freud showed that the sexual impulses of human beings, like the organs of their embryos, are bisexual. No man is devoid of some strong wishes of feminine nature, and there is no woman who has not some

[1] Possibly "traumatic neurosis" is an exception.

masculine tendencies, some wishes to be a man, though such latent "homosexual" inclinations are very generally repudiated by consciousness. This unconscious "bisexuality" is very often a decisive factor in genital malfunctions. Analyses of many women who have no orgasm shows that this is the result of the unconscious thought: "Though I love my husband, I hate him because he has an organ I do not possess." Cases of impotence in men are frequently cured when adequate conscious expression is given to the unconscious envy of the female function of maternity.

One man was analysed for incessant quarrelling with his brother. During the treatment he mentioned that he had always been perplexed by two incidents which occurred at fifteen and seventeen years of age respectively. Both times he had suddenly thrown women down and examined their sexual organs, and he could not understand it because the attacks had been unpremeditated and were not the sequel of growing sexual desire. Though superficially this appeared a manifestation of an abnormally urgent virility, analysis disclosed that the motive of these attacks was not erotic lust, but a reaction to his inability to endure the thought: "Women have no penis." When, under certain circumstances, such as seeing nude paintings during a European tour, this idea could scarcely be excluded from his conscious thoughts, he had been uncontrollably driven to attempt to disprove it by examining some woman's organs. This motive was revealed by analysis of dreams in which he saw naked women with penises. Though he had had real visual evidence to the contrary, he had believed this was so until his tenth year, and in his twen-

tieth year he still insisted "cock" was the vulgar word of schoolboys for the *female* genitalia. Months after these unconscious phantasies had been disclosed, it was learned that this irrational anxiety was the result of an unconscious wish to be a woman; for if he thought of himself as a woman, he must think of himself as without that organ which he naturally prized as a source of sensory pleasure. For some time he had adopted a ritual during masturbation, wrapping towels about his chest and buttocks. Eventually he recalled that he had originally done this in imitation of the shawl of a movie actress, whose exposed breasts he had wished were his own. Later he reported a phantasy of himself and the analyst disciplining the elevator boy, and then said: "It was as though I were your secretary, or, better still, your wife." His assaults were, therefore, attempts to disprove the biologic fact he had observed, that women have no penis; and the fear of being like them was due to the strong urge to be a woman himself. Similar unconscious wishes of this man to be a woman were revealed in numerous other ways and shown to be fundamental in behaviour which, without analysis of the *unconscious* homosexuality, could only be rationally ascribed to an excessive heterosexual urge. Its special significance was due to the fact that the phantasies derived from this wish, as well as the early experiences which had made it strong, had been entirely unconscious. Even in cases where "bisexuality" is not the decisive problem, however, its presence in the unconscious is always revealed in analysis, and plays some role in the life of the individual.

*Ambivalence.* The second contribution of Freud to sexuality is the discovery that, in the unconscious, impulses of love and hate for the same person often coexist, even when one or the other is consciously denied. For this (as well as some other types of psychological "bipolarity") Freud used the term "ambivalence" as suggested by the Swiss psychiatrist Bleuler. An example of its significance is that of a woman whose conscious affections for her own sex had been hypernormal. During analysis it was disclosed that repeatedly in her early childhood, adolescence, and adult life she had for brief periods experienced intense hatred, which had always been repressed and forgotten until recovered in analysis. Her consciously excessive affection for women was due to her natural love of them *plus* the need of proving she did not also hate them. Ambivalence is generally shown to be especially significant in individuals who must always have a pair of lovers. In such a case the original loved one is also hated unconsciously, and the emotional duplication of him (or her) by another lover enables all the hatred to be directed at one of the pair while the other is consciously loved. If then the hated one is rejected or retires, the former situation of both loving and hating one person recurs, with a repetition of the former events. Freud has pointed out how frequently such fundamental ambivalence explains the lives of women who cannot endure life with the first husband, but, after quarrelling constantly with him and procuring a divorce, become contented wives without excessive hatred in their second marriages.

*Sublimation.* A third important contribution is Freud's exposition of the unconscious relationship of obviously sexual needs to many other activities of life. Repeatedly he observed how drives to accomplish, to create, and to enjoy experiences of an artistic, playful, or useful sort were transformations of erotic impulses. The same unconscious phantasies would be associated with both a love relationship and an artistic or intellectual activity. For example, analysis of the domestic irritability of a man whose hobby was devising electrical apparatus disclosed the unconscious wish to have his genital regarded by his wife as admiringly as his exhibitionistic urination had been by certain other women and girls in his childhood, and the repression of the pain felt because she did not gratify this vanity. During a period when this was the outstanding emotional feature of his life, there was a marked increment in his interest in the productive elaboration and invention of an ingenious apparatus. In the analysis of dreams in which this apparatus appeared, the associations showed that it not only had a real rational value in his avocation, but was also unconsciously associated with tubes which spouted, symbolizing his penis. He often had thought that with his inventions he would "win glory," and the world would be made to acclaim his work. After the disclosure of many hitherto unconscious phantasies of this kind, the intensity of his work became less without diminished productivity, and his domestic irritability was markedly attenuated. Another man whose unconscious had retained the desire to repeat similar experiences with little girls in early childhood earned his living by extolling the high pressure of the

fire-extinguishers which he sold.

The emotional relationship of many such activities to unsatisfied emotion is often apparent without analysis of the unconscious phantasies. Thus it is with the pleasure in social dancing, the rejected lover who writes poetry, the words which vividly describe a great deal of music — passionate, tender, climactic, etc. At other times, especially when the "virtue" of an activity is very much stressed, the relationship is not apparent except when it is psychoanalysed. For example, a woman dreamt she was undressing herself before many spectators, and the analyst asked if she would like to be seen unclothed by anyone while awake. For weeks she upbraided the therapist for his "filthy mind," protested the entire absence of any sexual wishes in her own nature, and sermonized about the purity of her own pleasure in "nature." One day she reported her wonderful ecstasy while on a walk. She had experienced such intense happiness in nature that she wanted to run and leap, and she had snatched at an apple on a branch. Then in great confusion she said her pleasure had been inexplicable, it had been something driving her on, until, reaching for the apple, she had very suddenly known it was to be like Eve and experience the carnal pleasures of Eden that she had craved. Subsequently she told the analyst that prior to her dream of undressing, she had been much troubled by the obsessive thought that it would be fun to observe a man's reaction if she adjusted her skirts less modestly than was her custom.

Another woman, rejected by a lover, developed strong impulses for æsthetic dancing and, while enthusiastically

reporting her pleasure, had the associations: "It is constantly to have the male organ; I feel like its strength and power and joy when I dance!"

Such "coincidences" are so abundant in analysis as to preclude, except by the most arbitrary pedantry, the supposition that making love and doing other pleasant things are unrelated cubicles of human activity. The only alternative is the hypothesis that a certain amount of sexual energy which is originally devoted to the phantasy of a love relationship may be directed into abstract activities from which either an "æsthetic" or a "useful" but definite pleasure is derived. This gratification by activities, the pleasure from which does not require another human being (in fact or conscious phantasy), has been called "*sublimation.*"[1] The actual psychological mechanisms by which an unconscious wish which originally requires an erotic act for its gratification becomes one in which "beauty" or "utility" are satisfying in themselves are as unknown as those which "convert" a wish to a hysterical symptom. There is not even a satisfactory theory to explain the phenomenon, or to explain why the pleasure of two individuals with very similar associated phantasies may be the same, and yet one finds it in chopping firewood and the other in creating a beautiful cabinet. It is somewhat clearer, but insufficiently so, in what way the unconscious phantasy of both these two individuals is productive of pleasure, and that of a third leads to a neurotic symptom and suffering. But one of the by-roads into which medical psychoanalysis has led has been the discovery that all art is an expression of uncon-

[1] The layman often misuses "sublimation" to refer not only to these phenomena, but also to love between human beings from which the sensual element is excluded. Freud calls the latter "aim-inhibited love."

scious phantasies which are common to all human beings. It has, however, found no clue to the difference between those conscious representations of these common impulses which have emotional significance only to the individual, and those of genius which satisfy the æsthetic cravings of all mankind.

*Displacement* is the representation in consciousness of a part or whole of the original unconscious phantasy by some associated substitute. It is, therefore, one of the main mechanisms by which an unconscious wish attains representation in consciousness, while the integrity of the unconscious, the preservation of the repression of the original idea, is maintained. When displacement has occurred, we may consciously "wish" for something in phantasy, but may not be aware of what was the original nature of the wish.

Displacement was first discovered in the investigation of manifest dreams, in whose development from the "latent content" it plays an outstanding part. For example, in the dreams of Negro boys wrestling, the unconscious phantasy of coitus was "displaced" by the game of wrestling. In the illustration above of sublimation, the penis was "displaced" in consciousness by scientific apparatus. Very soon Freud discovered that displacement also occurs in regard to the portion of the body where potential pleasure is desired. In the analysis of a case of hysteria he found that the basis of a woman's vomiting originated in pleasant genital sensations produced by an embrace; this scene had been immediately repressed and replaced in consciousness by unpleasant sensations in the mouth. This phenomenon is

a commonplace in moral "disgust," even in normal but modest people, who refer to their reactions to genital stimuli under certain conditions as "leaving a bad taste in the mouth." The source of their sensations has been displaced from genital to an untabooed organ.

One type of displacement of very great significance is *displacement of object.* This occurs when the partial or complete love or hatred for a certain individual is denied by consciousness, and though the source of the feeling remains unconscious, the emotions are felt and referred to another person as stimulus "by proxy." In the dream of Negro boys wrestling, white girls were displaced in consciousness by Negro boys. In the man who could not pass his brother's door, the brother was replaced by his door, which then became the "displaced object" of his irrational avoidance. The most complete demonstration of the phenomenon is Freud's study of a five-year-old boy who suffered acute terror whenever he encountered a horse. Freud showed that originally the child had feared his father (though without common-sense occasion), but this had become unconscious, and the emotion had been consciously experienced instead for horses.

In other words, one may seem to love or hate a person, an animal, or a thing not only for what he or it is, but also because he or it is a "surrogate" for another whom he unconsciously represents. Object displacement may be partial or complete; or it may be divided among several, one person becoming the object of sensual love, another of tenderness, another the ideal, and still another the object of displaced hatred. Analysis will often disclose that an inexplicable conscious love is due to the fact that the beloved

unconsciously represents another because of some insignificant association, such as the possession of a common physical feature or name or mannerism. This is often to be observed in such phenomena as " spite marriages," where a rejected suitor very quickly loves another, and in " infatuations " where there appears to be no adequate reason for the irresistible emotional bond.

It is to be seen in the frequency of very tender feelings of patients for their physician. Analysis discloses this very real affection is not always due to the " nobility " of the individual or his profession, but to the peculiar predilections of people to find in physicians, priests, employers, and school-teachers unconscious " surrogates " for those who had given affection, often years before, in childhood. Object displacement in a patient by a psychotherapist is called " *transference*," and is one of the most conspicuous and constant observations of psychoanalysis. Inevitably, if a patient continues to recount his intimate wishes and feelings, he develops an emotional reaction to the physician (or anyone else), regardless of how impersonal and detached the latter's attitude may be.

Thus, by the study of the unconscious correlates of conscious phenomena, erotic and non-erotic, Freud showed the vital role played by bisexuality, ambivalence, sublimation, and displacement.

*Infantile Psychosexuality.* A fifth contribution to psychosexuality and to the etiology of psychoneuroses — perhaps the most fundamental of all Freud's discoveries — is his elucidation of the sexual impulses of the first five years of life. He showed that all sexual wishes of the adult uncon-

scious which give rise to psychoneurosis, as well as to many normal but emotionally immature aspects of adult life — such as wit, play, superstition, dreams, and religion — are directly related to associated wishes of early childhood, especially the first five years. In other words, those infantile wishes which were not gratified or transformed, in the process of development, into wishes capable of some adult form of gratification persist in the unconscious of the adult and become the motives of many features of adult life. What the child had sought to gratify consciously by masturbation, phantasy, and secret play, the adult neurotic gratifies unconsciously in symptom or character trait, and the normal adult by dreams, religion, art, and wit. This is the conclusion from the study of unconscious memories and phantasies of childhood, and their manifold correlations with details of the adult's life.

A few examples have already been given. The associations of the man who demonstrated the unconscious relationship of his interest in electrical apparatus and irritability at his wife to the childhood exhibition of his urination is a single illustration of the material which has aroused psychoanalytic interest in this aspect of psychology. There is space for only a few other examples from the voluminous observations of all well-conducted analyses.

A man dreams, in part: "There were many little girls. No one special, yet I saw each vividly. I went from one to another, looked under their dresses. Very dimly there was an older woman in the background. . . ." In associating, the man recounts several occasions on which he satisfied his sexual curiosity with little girls in boyhood. No associations to the older woman occur at first, except that she

appeared so vague as to be scarcely part of the dream, but he thinks there was something black on her head. He then recalls a black hat of his mother's when he was a child of four. The analyst comments that curiosity about the girl's genitals is apparent both in his dream and in his life experiences, but what little girl is a matter of indifference, for the important source of his curiosity was his mother, who is so vague and disguised in his dream as to be scarcely recognizable. After emotional ridicule of the analyst's "putting such ideas in his head," the patient suddenly has two vivid memories from about his fourth year: looking through the keyhole of the bathroom door when his mother was inside, and secret encounters with a little girl when they had urinated together.

A man who had an outbreak of violent temper in adolescence against an aunt, and in his adult phantasies zestfully visualizes himself spanking women has a dream in which a living-room appears. He associates: "It was the living-room of an apartment from which we moved when I was very little. Now I remember a big vase in it. I used constantly to imagine myself breaking it to pieces. It had a narrow neck and bulged in the middle. It was exactly like a pregnant woman's abdomen. I had seen a pregnant woman once. Then women are round in front like they are behind." The patient goes on to accounts of his suffering from early knowledge that his mother loved a little sister more than him, and his fear of another similar rival if his mother should have another child.

Another patient refuses to pay his monthly bill and protests furiously that the analyst is ruthlessly mercenary. In his associations he immediately mentions his recent anger

at a friend. This man had not given him a present he expected; many details show that the patient's feelings at that time were very similar to the present ones towards the analyst, and similarly disproportionate to the occasion. After these associations are mentioned, the analyst suggests to the patient that he unconsciously desired a present from the analyst, as he had from his friend, and displayed a childish resentment because he must give instead of being given. (The reviling of the analyst was a rationalization of these unconscious motives.) The patient then exclaims: "Now I suddenly remember something vividly — how much I liked Mother to wipe me at the toilet. It felt nice, it was one of the nice things she did for me." This is a sample of an unconscious attitude of vital importance in his life. His memory of the infantile pleasure only occurred when he had suddenly become conscious of a strong desire to have something done for him. Further analysis showed how this early "anal pleasure" had been replaced, as a result of bowel training, by a normal feeling of disgust for all things related to anal function. But he had come to feel not only this disgust, but disgust at everything "down there," so that not only fæces but the genital organs as well were "dirty, filthy, loathsome" things. As a result of this unconscious association of bowels and genitals, he had rejected most thoughts and activities associated with the other sex. No amount of logical arguing with himself, nor his intellectual agreement with the common-sense exhortations of his friends that "sex is normal and natural and beautiful," had affected its actual function, and only after recovering from his unconscious the infantile wish for passive anal pleasure was he able gradually to develop a capac-

ity for genital pleasure without disgust and for giving pleasure without resentment.

Analysis of a woman's hysterical speech difficulties had disclosed that they were precipitated by violent conflicts of love and jealousy for an unfaithful lover. This tension she would relieve by masturbation, but always accompanied this by lifting her blanket to the side of her head in a special way. After many months' analysis she suddenly remembered that this detail, and several others as well, are identical, though unconscious, reproductions of details of the scene of masturbation in early childhood, when she would lift her blanket so as not to be seen from the parents' bed across the room.

The same patient is mystified by the fact that she must perform a certain ritual in preparing scrambled eggs, the most peculiar feature of which is carefully passing the eggs through a sieve. Though she recognizes this as silly, there is a compulsion to do it. One day she recalls that she is constantly forcing from her mind the thought that a rooster's sperm may be in an egg, and then shudders with horror on thinking that without the sieve she might inadvertently swallow a rooster's sperm. She then suddenly recalls night terrors at the age of four, when she had dreamt repeatedly that her father was chopping off the heads of chickens, and her curiosity as to the activities of farmyard animals, and especially the unanswered query: If eggs come out behind, how were they put in in front? The emergence of these infantile "memories" from the unconscious of this woman appear bizarre to the stranger exploring the unconscious for the first time, but are significant to the analyst. For, except for her mild and recent speech difficulty, everyday

psychiatric examination would have revealed only one "peculiar" characteristic of this agreeable, robust, and feminine girl. This was the fact that several times she had rejected very suitable offers of marriage because of an irresistible feeling that she must never have a child. Only after these unconscious infantile phantasies of the origin of little chickens, whose lasting dynamic effect was apparent in her cooking ritual, had been adequately "worked through" in analysis did she for the first time find consciously acceptable her natural yearning for complete mating and maternity.

Many disturbances of adult genital function are shown in analysis to be the results of unconscious wishes to use the genital organ for some other type of pleasure which had been consciously given up in infancy. A man who suffered from frequent impotence ascribed it entirely to the rigid sexual taboos of his Puritan parents and his Sunday-school discipline. One day during analysis he suddenly felt that in some vague way there was some relation between a toe and his genital; he then had a vivid phantasy of his "penis suckling a nipple, like my mouth," and recalled that as a baby over and over again he had tried to suck his big toe and had always regretted the period when he was no longer able to reach his mouth with it. In many other associations and acts he revealed that his love climax before analysis was still dominated by an unconscious desire to suck, rather than by wishes conducive to normal male orgasm.

A patient who had consulted the analyst as to the advisability of marrying as he suffered from ejaculatio præcox, recalled standing, when about five, by his father at the toilet, intensely envying him his stream and his ca-

pacity to spit forcibly into the bowl. This had survived in his unconscious as a wish for virile gratification by urination rather than ejaculation. The unconscious preference for urination as a sensual function disturbs the normal adult genital act.

A man mentions in free association that his watch dropped on the floor yesterday and was broken, and then goes on to mention the details of the most satisfying love-scene of his adult life the same evening. Later he recalls that as a small child a picture was broken at the time when special circumstances had provided a period of especially abundant evidence of his mother's affection. The " coincidence " of special happiness both in adult life and in infancy with the breaking of glass on both occasions appears very extraordinary until he recalls in free association that he had observed the watchband was loose on his wrist, and nevertheless he had taken no precautions to prevent the " accident." Thus he unconsciously duplicates, not only by enjoyment of his love, but by a trifling incident associated with it, the infantile experience.

We need not multiply illustrations of this type of material indefinitely. Its significance does not become apparent in this way; for the citations appear bizarre or morbid expressions to those who are accustomed only to logical formulations and adult conscious phantasy. The analyst, however, sees an abundance of these mental incidents every day, sees the emotion that accompanies them, can observe the manifold ways in which each isolated observation of the unconscious phantasy is repeated in the analysis of different conscious material, and the constant relationships of one detail to others. When the same emotional situation re-

curs in the analysis, the same specific mental or physiological features often recur consistently. For example, a patient complains of symptoms of gastric ulcer sporadically, but each time the complaints coincide with a struggle with his distrust of his wife and coincidental distrust of his analyst's honesty. A patient becomes constipated at each recurrence in the analysis of a compulsion to ridicule and insult the analyst. The scientist who observes day by day not only the details, but their various confirmations and interrelationships and the dynamic coincidence of symptoms or details of behaviour with similar unconscious phantasies cannot believe that these manifold correlations are the result of chance. Nor can he accept the more temperate criticism that they are peculiar to morbid and abnormal personalities. For similar observations are made in certain aspects of universal human experience which I shall later mention.

The only possible conclusion is that the apparent peculiarities and " shockingness " of some unconscious material, and its striking differences from ordinary conscious mental content to those who are not familiar with it, is that it is the very type of mental imagery and memory which is normally excluded from adult consciousness, even the consciousness of the honest critic of analysis. Some of our citations of sexual associations are from patients with very serious and obvious maladjustments; but the majority are people leading useful and reputable lives who were quite as surprised at the first appearance of these unconscious phantasies during analysis as the reader would be surprised at their declaration in everyday life. What is unconscious in both the normal and the neurotic adult is identi-

cal with what was originally on the surface in childhood, but kept secret to avoid adult reproof, and is subsequently revealed only by the skilful application of psychoanalytic technique. This is the revolutionary conclusion of Freud.

This discovery compels us to abrogate as completely the myth of the " innocent " child, the child unaware of sexual " sin " until the physical flowering of puberty, as Darwin forced us to renounce the pious dogma that human ancestors were never conceived before the sins of Adam and Eve. Psychoanalysis of adults reveals endless evidence that the child has in his first five years of life experienced all the passions of which adults deny he is capable. The essential difference between the adult and the infant is not that erotic wishes, hatred of rivals, and jealousy are absent in the earliest years, but that they are at first more intense, more specific, and less subject to immediate repression. For the child is too weak to avenge himself physically, and his sexual organs too undeveloped to accomplish more complete erotic satisfaction than that of masturbation, phantasy, and sexual games in secret with other children. But the passions are all the more intense at first, because he only gradually learns to bridle the emotional need of the moment in order to ensure more adequate satisfaction later on. When an adult manifests this kind of precipitate, unbridled emotion, unless there be exceptional provocation, we rightly refer to it as " infantile."

What most adults prior to Freud failed completely to appraise is the extraordinarily accurate intuitive powers of the child. He is sensitive to emotional meaning, responds with exquisite accuracy to each change of feelings in those about him, even when they themselves are unaware of these

deeper emotions. Later in childhood, as the development of rational intelligence usurps mental consciousness, these powers are very much attenuated and can no longer be fully appreciated by the normal adult. Yet the artistically gifted have often recognized them. The hero of Dostoievsky's *Idiot* says: "It was not that I taught them. Oh, no, there was a schoolmaster for that. . . . I've always been struck by seeing how little grown-up people understand children, how little even parents understand their own children. Nothing should be concealed from children *on the pretext* that they are little and that it is too early for them to understand. What a miserable and unfortunate idea! And how readily the children detect that their fathers consider them too little to understand anything, though they understand everything."

The very small child hates every rival who receives any love from those who are nearest to him. While he loves mother and father, he hates father for possessing mother after baby's bedtime, and mother for talking to father instead of him. He hates at first the newborn child, who withdraws so much attention, and only later comes to love the little one. At about one year old and for some time later he has an insatiable urge to destroy and torture. He is extremely curious, and one way or another discovers [1] something of the nature of coitus and pregnancy. There are few patients whose analyses do not disclose that memories of

[1] Or, very probably, the inherited predisposition to create such phantasies at an early period of infantile development is the primary agent, and they would appear in the infant's mind even though he had no occasion to draw his own conclusions from accidental observations of sex in the home and on the street — observations which are very much more common and impressive than the adult usually supposes.

belief in the stork fable or similar adult lies were preceded by knowledge which approximated biological facts, but had been repressed.

*Œdipus Complex.* Eventually, usually as the fifth birthday is approached, the infant's need for all possible affection from his parents culminates in an emotional situation which Freud termed the "*Œdipus Complex.*" At this time the predominant drive becomes sharply focused on the parent of the other sex, and while the love-need for the parent of the same sex is also manifest, it is less imperative and is overshadowed for a while by the hostility he feels for all rivals, but especially for the parent-rival. Furthermore, at this first culmination of the real love of someone other than oneself, sensual elements play a not inconsiderable role. Besides constantly seeking bodily contact and caresses, even the child masturbates his genital, and phantasies doing what grown-ups do and sharing in the birth of a child. The more intimate aspects of this activity are kept secret by the child, but derivatives of them are publicly apparent in an increased sublimated interest in several other people, an increased intellectual curiosity and desire to make things, and especially a series of efforts to separate the parents and monopolize the loved one. At the same time, fears not infrequently make their appearance, especially in night terrors, or in fear of encountering certain animals or other objects, and there may be other transient neurotic symptoms such as enuresis and tantrums.

These manifestations of the Œdipus complex disappear a short time after their climax. Infantile masturbation and sexual knowledge and phantasies are for the most

part forgotten. Adults generally report with conscious honesty that they only learned the facts of sex from high-school comrades and never masturbated before puberty. At the same time as this *repression of infantile sexuality* sets in, between the years of five and six — the coincidence cannot be accidental — the overt behaviour of the child undergoes marked changes. He is far less absorbed in himself and less satisfied with the amusements of the nursery, but requires friends and playmates outside. Sexual interests, though not absent, are *relatively* dormant until their full thrust appears for the second time with the masturbation of sexual organs at puberty. But between six and fourteen (approximately) the latent heterosexual interests are far less conspicuous than the desire to be as the parent of the same sex appears to the child to be. This is particularly evident in the manifold ways in which the child strives to imitate him. The boy typically conceives his father as extraordinarily big and strong — a hero; he plays at excelling in games, as he pictures his father doing in adult conquests, and very often phantasies or plays he will do what father does, when he grows up. The Œdipus complex, as a conscious dominating drive, is past. But analysis discloses that it, and the psychological means by which it is resolved, have played a decisive role in the individual's development, and that in the unconscious, especially of neurotic people, it survives and still exerts a causal influence on the behaviour, success, and happiness of adults. The most invariable and universal feature of the morality of the human race is the denial everywhere of these intense and secret wishes of a certain period of childhood — incest and parricide. Conscious moral indifference

in any degree to these phantasies of infancy is henceforth "unnatural" and abhorrent. A normal person cannot easily, even if he should try, visualize vividly the intimate sexual features of his parents' lives, as he often does those of other people.

In adolescence there is the familiar renewed psychobiologic thrusts of sexuality which, when normal, analysts refer to as "genitality." Together with the full development of the organs and the physiologic capacity for complete coitus and procreation, this act becomes henceforth a dominating drive, associated with the love for the potential mate, tenderness, a need for reciprocated pleasure, and, in its fullest development, the desire for one particular partner's children.

Psychoanalysis has also shown that, although sexual knowledge and erotic interests do exist in the child, they are not manifested with biological accuracy. For example, sexual intercourse is often conceived in the infantile mind as a violent struggle. The survival of this infantile conception in the adult was illustrated in the dream of two Negroes wrestling. The child realizes that babies come from the mother's body, but he commonly phantasies parturition as an act like excretion, and impregnation as occurring through the mouth. Such phantasies are often justified for him by the crude observations he makes on the birth of animals. The effect of such infantile phantasies surviving in the unconscious of the adult was illustrated by the woman who must always pass eggs through a sieve, and that of the man's unconscious association of a pregnant abdomen and buttocks. In fact, psychoanalysts have found in the unconscious of different patients all those distortions

of biological truth which are represented in the phantasies of a whole race: the Greeks' mythology of the births of their gods.

*Pregenital Psychosexuality.*[1] There is another fact of infantile sexuality of primary importance — that of "pregenital sexuality." Freud discovered that, before phantasies concerning genital function and masturbation assume the dominant interest they do when the Œdipus complex is fully developed, the child has very similar interests and sensations in other organs. These interests differ from those of the Œdipus period in regard to the part of the body where sensual pleasure is experienced most intensely, and also in the fact that this pleasure is relatively independent of the love of another person. They are associated with the capacity for intense pleasure by friction of the mucous membranes of bodily orifices. The first of the "erotogenic zones" (as these sources of sensory pleasure are called) which is utilized for sensual purposes is the mouth. Sucking is not only a biological but also a psychological function, for it affords intense pleasure. The adult derivatives of this period are manifest in many features of normal tenderness and in receptive or submissive forms of love — for example, in the kiss, and in the typical posture of the woman's arm in an embrace, which reproduces that of suckling. Somewhat later, most typically during weaning, mouth-pleasure becomes aggressive, and biting is its expression. Similar phenomena during adult life are to be

[1] Because of their relative complexity, we postpone a detailed discussion of the aggressive ("sadistic") impulses of the infantile period — and two other important aspects of it, "narcissism" and the "phallic phase" — till Chapter V

found in the totem feasts of savages, who eat that very ancestral animal which is most loved, and in such lovers' expressions as "I could devour you."

Somewhat later in the child's life his anus supplants the mouth as the chief source of sensual pleasure. Its use, however, is soon much limited by toilet training, and his resentment of this frustration of his pleasure is expressed in phantasies in which defecation represents definite aggression and destruction of the hated one. We have already seen one example of the survival of this period in the adult's unconscious, and the rage when its gratification is withheld, in the unconscious memory of the patient who would not pay his bill. Pleasure and interest in the urethral excretion also is a conspicuous feature of infantile sexuality — for example, in the man with ejaculatio præcox — but a period of sensual dominance of this erotogenic interest is not so clearly defined as that of the other regions.

At this point the fair and pointed question may be raised: Yes, we concede that before the child is disciplined to civilized attitudes, he is entirely the creature of desire for pleasures, and that he finds them in the sensitive mucous membranes of mouth, anus, and other body orifices. But why should Freud designate these pleasures as "sexual"? The answer is his observations of the phenomenon of *displacement* of the dominant zone where pleasure is unconsciously phantasied and sought. Frequently, when an unconscious conflict arises which precludes the use of one of these organs for erotic satisfaction, the individual then attains it from some other organ. When the alternative was originally an earlier stage of development, this type of displacement is called "*regression.*"

We observe this, for example, in the following incident of an analysis. The patient stops abruptly while associating very freely about a platonic experience with a woman. He tickles his ear canal with his finger, and the analyst calls his attention to the act. He is suddenly disconcerted, says he was unaware of the act, and says no more. Then, with signs of considerable emotional struggle, he says that he was not going to report what he had just thought, but would try. When the analyst had called his attention to his finger, he continued, he had wanted to put it to his nose. His associations then led to the toilet, and he recalls that he often wanted to play with his anus and to smell the titillating finger, and to details of similar interests early in life. In this little incident there had been a genital interest evoked by memories of the woman; this had threatened to become conscious, and the associations had stopped. The patient had then performed an act of which he would have been unaware had the analyst not spoken, and which was motivated by an unconscious desire for anal sensations and smells. This displacement of a genital wish by an anal form of gratification illustrates what is called "regression."

A commonplace, and almost socially permissible, example of displacement occurs when one expresses his dislike of another by imitating flatus with his mouth. It is common for women in analysis to refer to feeling as though coitus was "sucking with a little mouth down there." Other examples of unconscious displacement of infantile impulses have already been given: the man who unconsciously wished to use his penis as a mouth, and he who unconsciously regarded his genital as dirty like an anus; etc. In

frank sexual *perversions* we observe without analysis how one of these organs has been accepted as a *conscious* substitute for adult genital pleasure.

This tendency of the mouth, anus, urethra, and genital to displace one another under certain dynamic conditions as dominant sources of pleasure is one of the most characteristic phenomena of the unconscious and has compelled analysts to agree that pregenital pleasure must be included with genital pleasure in their concept of "sexuality."

*Infantile Psychosexuality in Psychoneurosis and Normal Adult Life.* The data of psychoanalysis have thus not only proved the existence of infantile sexuality, but established the vital role it plays in all phenomena in which unconscious motives are decisive, and given us abundant material from which to infer a probable theory of their mechanisms. In the analysis of such a symptom as the inexplicable irritability with his wife of the man we mentioned, associations first disclosed many details of dissatisfaction with his adult love-life. Later associations showed the relationship of this to his infantile wish to derive pleasure from displaying his stream to an admiring audience. Though this had not been conscious previously, its dynamic power is manifest in many ways. At first he concealed his recollection of the experience; its eventful disclosure was accompanied by the release of very marked emotion. Then ensued a definite change in his emotional attitude to people about him in everyday life. Similarly, the early associations of the woman with the cooking ritual showed a great deal about her present conscious emotional turmoil, then elements of it, such as jealousy of her lover, which she had

not previously confessed to herself. But only with the recovery of infantile memories and phantasies of a sexual kind does the " emotional rationality " of the situation become clear to us, and only then does the patient deeply desire and attain a different situation.

In the investigation of the psychoneuroses, therefore, psychoanalysis discovered the phenomena of repression, first by demonstrating the precipitating traumata of adult life. Further investigation showed that these are sometimes obviously related closely to sexual problems of adult life, and this led to the discovery of such unconscious factors as ambivalence, bisexuality, and displacement. Finally, it was learned that wherever such problems are not successfully solved by conscious adult adjustments, there is an associated unsolved sexual problem of infancy. This involves a wish which cannot be reconciled with the conventions and the realities of society. It often concerns early sexual phantasies about the mouth, anus, or urethra, and not primarily the genital organ; it often involves secret infantile phantasies, that coitus is a dangerous assault, that babies are born through the navel, that girls are boys without a penis; it is generally related to parents and others towards whom the child is not allowed to express a sexual feeling. These, the infantile components of psychosexuality, are shown in analysis to be the most decisive factors in the unconscious causation of a psychoneurotic symptom or character problem. For they are those associated with the most intense and forbidden emotion, that which above all must be denied conscious expression as a result of the universal discipline of the child, and they are those whose *adequate* expression during analysis is accompanied by the

most significant and permanent changes in the health and life of the adult.

Similarly, the thorough analysis of most dreams will show that one or another infantile sexual wish is an important element of the latent content. The earlier associations with the dream of Negro boys wrestling revealed an adult erotic interest in women which had been excluded from consciousness; eventually it was shown in the associations that the act of wrestling — the " choice " of it to represent coitus in the disguised manifest content — was derived from an infantile phantasy of coitus as a violent and dangerous assault and struggle.

The studies of neurotic problems, and later of dreams, proved Freud's *via regia* to the full exposition of the significance of the infantile sexuality. But this is not only a factor in the adult unconscious. It is, together with egoistic needs, aggression, hostility, rivalry, and social prohibition, the driving force of infancy. The balance between its gratification and its discipline will, to a very considerable extent, determine the individual's whole development. Probably no stage of maturity is actually reached without experiencing in some way or other each of its antecedent stages. And wherever one or several sexual problems of infancy are inadequately solved, there are a succession of corresponding defects in the love-life and social life of later years.

The problems of weaning, of when and how the most adequate and natural gratification of oral " sexuality " should be terminated, are not only problems of nutrition, but problems of vital psychological import. The effect on the child's development is determined not only by his inherited

inclination for oral pleasure, and by the duration of breast-feeding, but by the degree of the mother's own unconscious pleasure in nursing or a reluctance for it. We have seen a fragment of the evidence that the man who unconsciously did not wish to use his penis normally, but still desired above all the pleasure of suckling, was handicapped in his whole development, even though we do not know exactly what special conditions of heredity, nursing, weaning, and his mother's unconscious reactions to her infant made it impossible for him to renounce these and to find in later stages of sexual development an adequate amount of pleasure. We have seen how one man reacted to trifling situations with rage because the pleasure in special attention to the anal region was still sought unconsciously. Nearly every day of an analyst's practice discloses new evidence of the failure to give up, except by the only partial solution of repression, the wishes of the Œdipal and pre-Œdipal periods, and the phantasies associated with infantile masturbation.

Psychoanalysts have found the details of early sexuality too variable, the conditions of each individual case, and especially those which involve the unconscious of parents and nurses, too subtle and complex, to permit of any codification of them for educational purposes. In no case can he give assurance that if an infant is fed, weaned, and trained in such a way and at such a month of his life, he will develop no neurosis in adult years. In regard to the prevention of neurosis, he can, except for a few inadequate warnings, state only that the emotional problems of infancy are fundamental, and hope that years of further investigation will lead to more comprehensive knowledge of

practical value in the avoidance of the causes of adult difficulties by improved methods of rearing infants. At present his knowledge can add very little to the intuitive balance of affection and discipline accorded the infant by the non-neurotic mother. At any rate, it is not so much knowledge and method that affect the emotional development of the infant, as whether or not its rearers are themselves struggling with unconscious infantile problems of their own.[1]

*Confirmatory Evidence.* The facts of infantile sexuality were first established by the laborious psychoanalysis of the unconscious memories of adults. Yet they are manifest in several more obvious ways, which we disregard until our attention has been directed to them.

First, direct observation of children confirms them. Mothers who are not too slavish adherents of the "innocence" myths more often recognize the factuality of Freud's pronouncements than do scientists. They have seen the erections of babies, have noticed the infant's masturbation, have perhaps been amused that when a little girl's hand was removed from her genitals, she put it in her mouth. They have seen the intense curiosity of the child in its excrement, have perhaps felt normal adult disgust at the undeniable fact that a two-year-old would even touch fæces with apparent pleasure. They have observed a boy's pride in a stream of urine. Pediatricians have noted that sucklings will often urinate when their most constant at-

1 Though complete prevention of neurosis by analytically oriented methods of rearing hold no immediate promise, the therapy of the phychoneuroses of children is probably of considerable prophylactic value. (See "Psychoanalysis of Children," pages 254–8.)

tendant picks them up, but not when someone else is holding them. If the mother has not shown too intense displeasure, questions as to sexual differences and reproduction by the infant will be persistent. To those who claim that direct observation of children discloses no curiosity in sexual topics and no pleasure in the body orifices, the analyst can only answer: "None so blind as they who will not see," or, because of their own modesty, deny what they do see. And he will realize that the child is extraordinarily intuitive, compared with the adult, recognizes immediately a momentary frown, the slightest sign of displeasure, and very rapidly learns to keep his sexuality secret from parents who abhor the notion that it may be manifest in a child.

Secondly, the normal non-genital love-life of adults is replete with survivals of the infantile sexual needs. The kiss evinces the role of the mouth in love-pleasure, as do many verbal endearments such as "sweetie" and "honey-bunch." Playful biting and spanking are conspicuous in love-making. Obscenity, though superficially taboo, is understood by nearly everybody and is unambiguous in its reference to infantile sources of pleasure. The expression of derision and defiance by references to anal functions is universal in the vulgar speech of all languages. Many references may be acceptable in jokes, which produce an emotional release by laughter, though the same thought couched in dignified language would bring exclusion from polite society. But let him who wishes intellectual confirmation of the relationship of tabooed organs to sexuality keep it in mind whenever "smutty" stories are told.

Thirdly, the sexual significance of infantile pleasures survives in those abnormalities grouped as sexual *perver-*

*sions*. There we observe the adult experiencing what psychoanalysis discloses that other adults may unconsciously wish, and the normal infant consciously.

Fourthly, the sexual phantasies which psychoanalysis has discovered are the common property of human infants recur, spontaneously and consciously, in the delusions and behaviour of many adult psychoses and occasionally in the *manifest* content of the dreams of normal people (for example, the man's dream of the sister with a penis).

Fifthly, the discovery of infantile sexuality is the only causal explanation ever given why normal human beings display complete forgetfulness of practically all events preceding a very definite period of their lives, usually a certain month in the fifth or sixth years. Yet we all recognize by watching children that the earliest years are those which are most replete with vivid and intense emotional experience. To say merely that the incontestable fact of infantile amnesia is " just natural " is only as adequate an explanation as to say a person is neurotic because he will not listen to reason.

Lastly, to the analyst himself the most convincing confirmation of infantile sexuality is the original reaction to Freud's discoveries. Great numbers of individuals, accustomed to dignified scientific discussion, become emotional, illogical, and sophistical, or refuse altogether to consider this aspect of psychoanalytic science, even after the presence of unconscious motive, repression, and the relationship of neuroses to adult sexuality has been fully accepted. It is one of the few topics on which the observations of technically skilled scientists are met with authoritative negation by those who have not learned to use the same tech-

nique. The arguments these learned people repeat over and over are the very ones the analyst hears daily from his patients, the same ones the analysis of whose unconscious motives confirms many details of the work of Freud. Though he should accept and ponder the objections of his sincere and scholarly critics, the analyst can finally find no better explanation of the extraordinary protests he daily meets than the obvious one: that scientists are human, as subject to the taboos of mankind as other people, and consequently eager to deny that which their race denies — the sexual aspects of the first five years of life.

# CHAPTER THREE

## PUNISHMENT PHANTASIES AND PSYCHONEUROSES

*Unconscious Guilt and Punishment Phantasies.* The first twenty years or so of psychoanalytic study of the neuroses by Freud and his students were in the main devoted to the extensive investigation of unconscious wishes and their original sources in the sexual impulses of the infantile period. These investigations showed the intimate causal relationship of conscious-alien impulses to neurotic symptoms, dreams, and other phenomena of normal behaviour. They led inescapably to the conclusion that such phenomena coincided with an intra-psychic struggle between certain unconscious wishes and other factors of the integrated personality which did not permit their direct and undisguised expression in the conscious life of the individual. The struggle was termed a "*conflict*," the successful exclusion of an active wish from conscious experience "*repression*," and the means by which the wish circumvented this repression and attained an indirect expression (for example, a symptom or dream) the "*return of the repressed.*"

To produce such psychic "conflicts," however, there

were obviously two "combatants." Those of the unconscious, and especially the sexuality, had been intensively studied. The opposition which enforced the repression and prevented a conscious expression had as yet been considered quite academically. In contrast to their empirical studies of sexuality, analysts had previously been content with purely theoretical formulations of the repressive forces.

In his book, *The Interpretation of Dreams*, Freud had referred to a theoretical "*censor*," which excludes unconscious wishes during the daytime, and still preserves certain of its functions during sleep, to the extent of compelling the wishes of the latent content to be disguised in the actual conscious imagery of most manifest dreams. This "censor" was presumed to be in the service of the egoistic, or self-preservative, functions of the individual, over which reason and volition preside. They were apparent not only in the censorship of dreams, but in all manifestations of repression and denial of conscious expression.

During the last two decades psychoanalysts have turned their attention especially to the other components of psychic conflict, to the empirical study of these factors which enforce repression. The results compromise the "Ego psychology" developed in recent years. The empirical foundations include three groups of observations of outstanding importance: the relationship of anxiety to repressed phantasies, the representation in the patient's adult unconscious of authoritative people of his childhood, and unconscious "punishment phantasies." Though all are intimately related, I shall postpone detailed discussion of the first two until we consider the anxiety theory of neu-

rosis and the concept of personality structure (Chapter VI).

The investigation of punishment phantasies — our immediate topic — was given its momentum by Freud's publication of the case history of a five-year-old boy whose anxiety whenever he saw a horse we have already cited. Here the discussion of the actual events and phantasies *in statu nascendi* had not only shown a secret hostile desire to attack his father, repressed and displaced by horses, but had also shown that the boy was phantasying that horses (unconsciously, the father) would retaliate by eating him.

In the elucidation of unconscious punishment phantasies Freud had the assistance of several dozen colleagues, an advantage he had not enjoyed in his earlier, almost isolated work. Ernest Jones of London extended the observations of Freud, especially by the analysis of nightmares, and Karl Abraham led in describing one of the most common and important infantile punishment phantasies — the phantasies that the penis will be damaged or destroyed if sexual activity is detected by adults (the " castration complex ").

These investigations — indeed, every psychoanalysis — have shown that not only are phantasies of a potential pleasure important elements of unconscious life, but phantasies of a painful or abhorrent event as well. Moreover, there was often an intimate relationship in the associations between sexual wishes the child could not gratify and these imaginary punishments which he feared. Though the functional opposition of the desirable and the dreadful are clearly apparent, ontogenetically they are closely related. They first arise in the same period of life, and they both originate in part as entirely automatous phantasies of the

infant and in part from his specially interpreted and emotionalized experiences of the actual world.

Examples of unconscious punishment phantasies of adults have already been cited. The cooking ritual, for example, cannot be fully understood by demonstrating its relationship to the infantile phantasy of conception (a "wish"). The ritual was a defence against the possibility that this phantasy would be consciously reproduced if eggs were prepared in the usual way. But to understand the intra-psychic need of defence we must understand the impulses which made this active and illogical wish, not only undesirable, but abhorrent, and prevented any more desirable reaction to it than repression.

There is nothing unusual in any little child's tentatively solving his curiosity as to conception by such a phantasy; the only occasion for our special interest is that it still represents an active wish in the unconscious of an adult and participates in symptom formation. Free association shows, however, that this sexual wish is intimately associated with another emotionalized image preserved in the unconscious from the same period of infancy. It is that chickens that received from roosters have their heads chopped off and are themselves later eaten, and that she would be like them. It represents, in contrast to the sexual phantasy, something to be dreaded and guarded against. No reader will understand better than the patient how absurdly irrational these phantasies are. But he should try to understand that in spite of this common-sense appraisal of the ideas, the anxiety which accompanies their appearance in consciousness is as intense as it was in infancy. Then the need of intra-psychic defence is obvious.

I have also mentioned that this patient's adult sexual problem evinced not only the repression of pleasurable activities of the infantile period — listening, peeking, and masturbating — but also the fear of punishment if she should be caught. The activity of the unconscious punishment phantasy was shown by her compulsion to duplicate details of the methods she had used as a child to prevent her secret from being observed at night and thus incurring punishment.

Similarly, the analysis of the dream of Negro boys wrestling showed not only unconscious erotic wishes, but also phantasies derived from an experience at seven years of age, when playmates joked about cutting each other's " carrots," and a still earlier fear of scissors, following a threat to cut off his nose if he slept with hands beneath the bed-clothes.

The man who was so irritated by every obligation to give showed not only a very active wish to be treated as pleasantly as his mother had treated him in her toilet care of him, but a phantasy of her simultaneous reproofs. The man who ascribed impotence to his religious training not only preserved unconsciously his wish to suck, but vivid and painful memories of excessive discipline in using his hands, first as objects he liked to put into his mouth, and a little later in manipulating a knife and fork. Moreover, at the period of his analysis when he was most occupied with remorse for masturbation he recalled the terrific phantasies that had been stimulated by jamming his finger in a closing door — phantasies that that might happen to his penis if he masturbated.

The man who broke his watch while very happy with his

sweetheart unconsciously associated this not only with an affectionate period of his childhood, but with a picture broken at that time. This was a trivial incident in itself, but further analysis demonstrated its close relationship to infantile phantasies of punishment by breaking or mutilating his body.

Thus modern psychoanalysis is intimately concerned not only with unconscious sexual and hostility phantasies, but with punishment phantasies as well. It has established the relationship of these to the other types and shown that symptoms, dreams, and similar phenomena are "compromise formations," representing in disguise both elements, the wish phantasy and the associated punishment.

It calls this opposition to direct conscious infantile sexual phantasies and their derivatives "*unconscious guilt.*" For when punishment phantasies become conscious, during psychoanalysis or elsewhere, the individual experiences intense feelings he describes as guilt, or the derived feelings of worthlessness, inferiority, shame, disgust. That is, he suffers psychologically, and the phantasies which accompany this suffering are often identical or very similar to experiences or fears of punishment in childhood. "If I tell you this, you will leave me alone, I'll be all alone, I'll be in the dark!" a patient moans. As a child she had been sent to bed early for punishment.

Some neurotic symptoms are defences, not against the unconscious wish, but against the unconscious guilt itself. For example, the most common symptom of compulsion neurosis is a constant compulsion to wash the hands. Analysis of this symptom reveals the unconscious infantile phantasy: "I shall be punished because my hands are

dirty," or "My hands do dirty things." Of a similar nature is the theatrical notion of the murderer who must wash blood-stains of his crime away. The man who took a roundabout way to avoid his brother's door was avoiding only secondarily the unconscious wish for his brother's death, but primarily the painful sense of guilt which the wish evoked.

A striking example of how the wish phantasy and punishment phantasy which oppose each other may both be fulfilled in a single act is disclosed by analysis of a man's throwing himself into the water, simulating suicide by drowning. The occasion was his sweetheart's rejecting him in favour of another suitor. At the height of his emotional distress he experienced the vivid conscious thoughts: "I cannot endure the pain of her preferring another, I wish to die by drowning!" In psychoanalysis the association of the idea of drowning with unconscious infantile phantasies of two distinct categories, sex and punishment, was demonstrated. In his associations to "water" he thought of moments of perfect peace when he felt as if "bathed in goodness," feelings as though being rocked in his mother's lap, poetry referring symbolically to mother-love as the ocean, and the idea when swimming that "plunging in" was like the smoothness and sudden shock of entering a woman's body. But there was also a second series of associations which included recollections of "being ducked" by comrades in boyhood, often in play and once for a violation of the boyhood ethics of his comrades, and then a sudden memory of his mother's teaching him to bathe himself and threatening to put his head under if he did not do it. We find, therefore, the acuteness of his distress, the con-

scious feeling that life could be only pain, had effectively awakened the dormant symbolic sexual phantasy: "to go into water is to go into a woman." It had also awakened those phantasies signifying that to have the head immersed is to be punished by mother. The objection that in this instance the conscious motive is adequate to explain the act is only invalidated by the fact that further analysis revealed that his sweetheart actually had given him ample opportunity to win her from the rival, but his capacity for masculine courtship had been paralysed by the unconscious infantilism that was awakened, and especially the conscious rejection of the wish to take the woman from a rival. A great many correlated details, which include the resolution of the tension and the relief of the inhibition of masculine activity, adequately confirmed the analyst's interpretation that to drown himself was unconsciously to commit intercourse symbolically and at the same time to be punished for it.

The full significance and irrationality of unconscious punishment phantasies are revealed by the fact that they represent not only *fear* of punishment, but *need* of punishment. Analysis of many activities discloses that a painful experience may be unconsciously self-induced; for many individuals find it is easier to endure a pain inflicted from without than to withstand the pressure of unconscious phantasies, which, if they do break into consciousness, are perceived as torments of conscience or feelings of worthlessness. For example, a man who suffers the abuse of an "impossible" spouse may be praised by his comrades for his goodness in enduring all and sacrificing everything for her, while analysis reveals that she is endured because the

suffering she causes satisfies such an unconscious "need of punishment." Sometimes it will be observed that the death or divorce of such a spouse results in a marked exacerbation of a psychoneurosis, which previously had been absent or mild because the unconscious guilt was satisfied by the marital suffering.

A similar phenomenon is to be observed in people with physical illness who complain excessively. The real pain is utilized to assuage the unconscious guilt; therefore, the more they can suffer from it, the better they feel because of the satisfaction of the unconscious punishment phantasies. For this reason the suffering of a bad marriage or a chronic illness saves many predisposed people from an obvious neurosis.

In like manner, it was observed that many men who had suffered from severe neuroses in civilian life were healthy and happy when subjected to the tribulation of active military service. Very severe psychoneurotics who are analysed in a sanatorium disclose the unconscious phantasy that they are being punished by incarceration. This is one of the reasons why a patient may appear markedly improved under sanatorium régime, and show utterly no change as soon as discharged to everyday life. Again, self-inflicted punishment may be observed every day among neurotic lovers; when their incessant quarrels are analysed, the unconscious motive for such "scenes" is often shown to be the phantasy: "I can only have the joy of love if first I suffer for it." To gratify the need both for suffering and for love, they nag each other and then can share the delights of "making up."

Aichorn and, subsequently, Alexander and Staub have

confirmed by excellent clinical material what Freud had previously observed, that some crimes, and especially those which do not seem justified by the egoistic gain, are definitely motivated, not by the desire to steal or profit, but by this unconscious need to be punished.

Two other occasions in which analysis disclosed unconscious guilt as the decisive etiological factor may now be cited. In one a truly accidental injury was exploited in order to satisfy the unconscious guilt; in the other the injury was self-motivated. The first patient had begun analysis because of an acute exacerbation of a neurosis after meeting the wife of one of his teachers. He was seriously injured in an automobile accident; he had a definite feeling that he had brought it on himself. He continually rejected this thought, for it was utterly irrational and inexplicable. The teacher had been driving the car and he himself was in no way responsible for the accident; this he realized completely, yet the thought recurred constantly, and he could not rid himself of it. In analysis his associations led him to recollection of the telegraph pole with which the auto had collided, a fishing-pole, going fishing with his father as a boy, his passionate interest on these trips in finding snakes and slaughtering them, and finally boyhood wishes to do violent harm to his father. The patient then discussed his father's virile attractiveness to women and his own inability to deal with men, and recalled that on this very auto ride he had been hating the man who was driving because he in like manner was so self-assured and assertive in the presence of women. These associations clarify his obsession that he was responsible for the accident. Unconsciously he had, at the moment of the accident, harboured

destructive phantasies against the teacher whose virile attributes were unconsciously equated with his father's. The overt expression of these wishes in childhood would have brought him dire actual punishment; and the impulse itself, while provoking no retaliation from without, produced a similar intra-psychic revenge, a tension which only punishment could allay. The actual accident occurred, and he reacted to it as though he himself were actually responsible and getting his just deserts. Contrary to all logic, he had not been able to escape the obsessional feeling that he had brought his injuries upon himself. Preoccupation with this obsession had remained the only trace in consciousness of the underlying mechanisms of hostility and need for self-punishment.

Unconscious guilt thus may be a reaction to a chance event. More frequently, as in the case of the man who broke his watch, it finds expression in some mishap which is actually determined directly by the unconscious forces ("need of punishment") of the personality, though it is often ascribed by our reason to chance or external factors. For example, a man under analytic treatment mentions that the preceding night, as he had been passing through a darkened hallway from a toilet to the bedroom of his wife, he had accidentally struck his temple against the corner of a projecting shelf; the blow was severe enough to cause a small wound, and he had suffered for a moment severe pain and dizziness. During analysis he upbraided himself for utter stupidity, claimed he *ought* to have a bump on his head if he could not steer himself any better than that. He then abruptly paused and asked himself why it should have happened on this evening rather than on any other evening

in which the circumstances were identical. His emotions somewhat heightened, his associations concerned themselves with the charms of his wife, and he then recalled that, while in the toilet, he had been thinking absent-mindedly of many temperamental similarities of his wife and his mother. When he had stated this, the patient stopped and, holding his fist near his head, impulsively jerked his head sharply forward so as to strike his temple against his knuckles. Then he mentioned that on the preceding night he had made an identical movement of his head in the hallway, and the severe blow against the shelf had been caused by an actual jerk of his own musculature. These associations have made clear that the blow had not been a pure mischance, but a direct muscular action of his own, though an action not consciously willed. And, secondly, the unconscious self-punishment occurred on this particular evening and at this moment because the stimulus to unconscious guilt had been the recognition of the identity of feelings for his wife with those he had for his mother, even though this had been immediately repressed, until recovered again through analysis.

In example after example we see how unconscious guilt, as well as unconscious sexuality, is derived from the psychology of infancy. They show how there is a constant relationship of an infantile wish and the corresponding punishment phantasy. What the little child, according to the taboos of his elders, must not do or observe, think or report, without punishment, is what in the adult unconscious gives rise to the phantasy of punishment. We have seen how an unconscious conflict occurs between drives represented by the unconscious sexual phantasy and the

unconscious punishment phantasy, and how neurosis is that condition which satisfied unconsciously both these needs by providing a substitutive gratification and coincident suffering. Such unconscious punishment may, therefore, participate in symptom-formation, as occurred in the man who tried to drown himself, or in a precautionary device such as that observed in the man who would not pass his brother's door, and in the cooking ritual. It may exploit another event for its fulfilment, as happened to the man in the automobile accident; it may actually precipitate an act which produces pain, as it did to the man who incurred the involuntary blow on the head. But in every case the full and most fundamental motivation of the irrational event is only apparent when the guilt and corresponding punishment phantasy is recovered by psychoanalytic technique from the unconscious.

*Case History.* In the full analysis of any single case the relationship of the unconscious to symptoms, total personality, adult sexuality, precipitating traumata, punishment phantasies, and infantile sexuality are even more convincing confirmation of Freud's conclusions than the analysis of any single detail. To give some intimations of these synthesized aspects of an analyst's observations, I now present a very condensed abstract of the treatment of the patient whose masturbation and egg-cooking rituals I have discussed.[1] These were incidents in an analysis which took an hour a day for ten months — adequate for a fairly comprehensive recapitulation of her development. I choose her case for two reasons: first, its publication *in toto* involves

[1] See pages 43–4, 66–7.

no ethical indiscretion; and, secondly, she is an unusually naive woman, with few interests except her love-life. The sexual thread is, therefore, far easier to follow, though no more vital, than in more complicated or cultivated personalities.

She was an unmarried woman of thirty, referred by a physician to the clinic of the Berlin Psychoanalytic Institute for difficulty in uttering certain words, and for the sudden impulsive termination of telephone conversations for no reason she could mention. These symptoms had appeared two years before. They had been much relieved by a "speech specialist," but had recurred as soon as his treatment was discontinued. Except for orgastic frigidity and the presenting symptoms, interrogatory examination revealed nothing which would distinguish her from a large number of normal women. She was even-tempered, moderately sociable, attractive, inoffensive, and feminine in manner.

During the first weeks of treatment she gave further conscious information about her life, which could have been obtained without special analytic technique. The words whose utterance caused her such difficulty were all words which suggested to her in some way either her mother or a rival with her present lover. The thought which suddenly impelled the termination of telephone conversations was that the voice might be that of a rival woman. Her chief neurotic symptoms had appeared when she suffered intense jealousy on observing another woman in the embrace of her lover. He was an extreme Don Juan, an extreme sensualist, with little tenderness in his feelings for women. He possessed a constant succession of variegated mistresses

and made no effort to conceal this fact from the patient. The relationship of her symptoms to adult sexuality and to an emotional adult trauma are, therefore, in this case immediately manifest. But further investigation is necessary to understand why a cause for normal jealousy activated a neurosis in this particular woman, and why in spite of it she continued to accept a lover who constantly caused her such intense distress and very little happiness.

Six weeks after treatment began, the patient found it impossible to speak aloud about anything to the analyst except very rare comments on the weather, for a period of five weeks. Then we discovered the thought which she had been unable to express was a repressed infantile thought: "Girls have a penis cut off in the way chickens lose their heads." Having admitted this recollection to consciousness, she then talked fluently for weeks. She told of her early menstrual experiences, her horror of uterine bleeding, an adolescent friend's precipitate abortion, and a long-forgotten precipitate abortion of her own mother's, which she had witnessed when four years old. She also communicated many unrepressed details of her love-life from adolescence onward. Her several love-affairs had been quite normal except that she had always refused suitable offers of marriage because of a fear of becoming pregnant. She had therefore rejected every lover, until her affair with the unsuitable "Don Juan." From this we have learned that the neurotic symptom is a rather trivial aspect of a fundamental problem involving her whole personality, and that her current love-life is no unfortunate environmental accident, but the result of an inner neurotic "fate" which had prevented more "common-sense" mating.

In the next weeks of analysis she gradually recalled a forgotten period of her life when she had previously suffered a hysterical neurosis. This had occurred when she was fourteen and fifteen; the most conspicuous symptoms had been severe lumbar pains and sporadic visual difficulties. The unconscious association of these problems with vital emotional experiences was gradually revealed. The lumbar pains had been of identical character with the complaints of a pregnant woman she knew, and she now recalled the intense desires and phantasies she had repressed to be this mother herself. The hysterical visual symptoms were repetitions of symptoms of conjunctivitis during an attack of scarlet fever, which had coincided with the death of another older woman. Eventually she recalled her earlier phantasies that, if this woman should die, she would then care for the surviving babies as though they were her own.

These data are valuable etiological clues. Their ramifications show that her puberty neurosis had been coincident with the repression of ardent desires to have a child and that the reason for the repression was that the associated wish to obtain them by replacing (or killing, in unconscious phantasy) another woman was intolerable. They were admitted to consciousness only after the principal unconscious punishment phantasy was revealed. These unconscious wishes had been represented consciously only by the lumbar pains and eye symptoms. We have seen how in dreams an unconscious image is represented by one detail — "red eyes," "sitting," a "black hat." Here we see how in hysteria the unconscious image of being both the other women is represented in her symptoms by one detail from the suffering of each. The mechanisms differ from

those of dreams only in the symptom's occurring when awake, and in the fact that conversion involves the representation of a mental image by physiological function.

Furthermore, we can now understand that the adult neurosis represents a similar situation to that of the one at puberty. Though the symptomatology is somewhat different, intense rivalry for the natural rewards of womanhood is in both neuroses the precipitating cause. And we now see how intimately the occasion of symptom-formation is related to her lifelong rejection of love, children, and marriage — in short, to rejection of adult "genitality." Though consciously she denied a wish for pregnancy, we now know definitely that this wish had actually been very intense, though unconscious, and that the real dynamics of her life are represented by the unconscious associations: to marry is to be pregnant, but to be pregnant is to wish another woman dead.

The desire to have a child is common enough in pubescent girls, but why this should act traumatically in this individual is not clear until suddenly, and with tremendous emotion, she recalls a forgotten but momentous event in the eleventh year of her life, just before puberty. She had overheard a quarrel between her mother and her father in the next room. Suddenly her father had rushed out and shaken her while grasping her by the neck with his fingers. Her excitement had been intense because, with an intuitive perspicacity an adult might have lacked, she had recognized her parents' quarrel as a sexual scene which had become a fight instead of love. The patient then corrects her memory, sobbing violently: "No! No! It was not I whom father

grabbed by the neck, it was mother. But, oh, I wanted him to!"

The analysis of the masturbation ritual mentioned above then leads to recovery of significant events of a still earlier portion of her life. The vivid experience at eleven was then shown to be an emotional repetition of her phantasies at four. She had lain in bed, masturbated, raised her blanket so as not to see or be seen, heard her parents quarrel, and had excited phantasies which we may express schematically in the less vivid words of adults (instead of her mental pictures) something like this: "Father, like roosters, gives mother babies [the abortion she had witnessed] by being rough with her and grabbing her by the neck as he does chickens. I want him to do it to me. I hate mother because he does it to her!" As, bit by bit, these infantile experiences, phantasies, and emotions became conscious, the patient told of other things which previously she had concealed, especially various devices she had practised for spying on the amours of her unfaithful lover, and details of her affair which reproduced those of the infantile scene.

In such an intellectual recapitulation of a few features of a long analysis one can, of course, give no conception of the emotion accompanying each revelation, of the weeks of struggle before each important detail was worked out, and of the many details and complexities of the analysis as a whole. I hope, however, to have illustrated a few outstanding unconscious components in the synthesis of an adult personality.

Though this patient, like normal adults, was unaware of the sexual aspects of her infantile sexual period, it had

nevertheless exerted a dynamic effect on her adolescent and adult development. When the quarrel occurred at eleven, several features of it, especially the hidden sexual significance, the persons who participated in it, and the action of her father, had coincided with her infantile phantasies: "This is how mother had a baby by father, as I wished." Consequently, scenes awakening her maternal instincts after puberty had also activated her old unconscious hostility for her mother (though she *also* loved her mother dearly and consciously) and must therefore be denied to an unusual extent. Denial meant repression of impulses which then could only be satisfied by neurotic symptoms and yet must be satisfied because they were strong.

As she grew older, this denial led to frustration of each opportunity for marriage; for marriage meant to her not merely normal adult love and maternity, but the realization of the forbidden unconscious wishes of infancy to take her mother's place. It was not, therefore, chance that led to the rejection of suitable lovers and the acceptance of the unsuitable one, but her unconscious drive to reproduce the old infantile situation. Thus the man whom common sense would reject actually fitted exactly her infantile phantasy. He was a man who, like her father, left her for another woman constantly; he was a man she contrived to spy upon; and this was accompanied by masturbation and other details which actually reproduced incidental features of the scene when she was four years old. On the other hand, she could not leave him, because of the unconscious need to repeat over and over this experience. But the situation, like the experience at eleven, tremendously enhanced her emotional tension. This precipitated symptoms

which, though the occasion of neurotic suffering, at the same time did gratify her unconscious wish: "I deny mother's existence by not saying words which mean 'mother' or 'mother-love' to me; I deny the presence of rivals with father's surrogate by not hearing any telephone voices which might be one of them."

The conflict of unconscious guilt and unconscious sexual phantasies becomes equally clear. Something within her compels her to reject happiness with suitable lovers; she must have some sort of love — that is the normal demand of her nature — but it can be, and is consistently, attained only under conditions which impose suffering — *that* is the neurotic "fate" imposed on her by her constitution and early experiences. The situation produced by the conflict of sexuality and need of punishment so enhances her tension that hysterical symptoms appear, which themselves express by conversion the basic unconscious phantasies of oral conception. The sources of this guilt are traced from her symptoms and her conscious remorse for adult masturbation to her earliest fears of being punished for her infantile phantasies.

Finally, the case illustrates the general principle of analytic therapy: that symptoms are not the primary neurotic problem, but merely an indication of the existence of a problem. Many can be cured without the laborious tracing down of the unconscious motives to their origin in infantile experience. It is not primarily the symptoms, but the total adjustment, the incapacity of the patient who has such symptoms to find a reasonable place in life without psychically conditioned suffering, that should interest us most as therapists.

*Psychoanalytic Data: Concluding Remarks.* The purpose of our first three chapters has been, primarily, a glimpse at the analyst's workshop — an introduction to the empirical data of psychoanalysis, a cursory sampling of the most typical and constant findings among the raw material which is the foundation of Freud's theories and conclusions.

The presentation itself has shown the difficulties of such an effort. Not only is much of the material foreign to that of general everyday conscious experience, appearing alien and phantastic to many whose own daily work has not made its constant presence, deep in the engine-rooms of human nature, a commonplace; not only can one no more than hint at its abundance, its manifold recurrence in various relationships, and the emotional nuances which accompany our patients' associations; but the coherent exposition has required the "threading" of the data on propositions which, in the strictest sense, are not incontestable facts.

For example, the "Unconscious" itself is not something we actually observe; what we do observe are the statements and actions of a patient. Some of these he has always been aware of, whereas others are startling because of their previous absence in his ruminations. But the constant observation of these and their interrelationships permits no other construction than that of a dynamic unconscious. Similarly, "repression" and "conflict" are, in the strictest sense, interpretative concepts, but ones which so inevitably follow from the actual observation of unconscious phenomena as to have *almost* the same factual validity as what a patient has said — or as gravitation. There remain only two alternatives to accepting the unconscious and repres-

sion and conflict and displacement as valid facts: to believe that analysts do not observe what they report; or else to generalize their observations with some other verbiage whose meaning is identical with that which analysts now use.

In Part I we have shown how the data of psychoanalysis comprise the utterances, actions, and feelings of patients, especially those which occur only when the technique whose fundamental principle is " free," rather than logical, association is used. The most significant of these data have been shown to consist in affect-laden phantasies and memories of whose existence or pertinence the patient was previously unaware.

Those associations which have the greatest emotional value, and against whose conscious recognition there is greatest opposition, are usually sexual wishes, hostile wishes, or punishment phantasies, and especially those of infantile sexual activity and phantasy.

The empirical conclusions which psychoanalysts have drawn from the consistent correlations between such data and those of the characteristic conscious thoughts and acts of the subjects are: first, that psychoneurotic symptoms, many personality trends, dreams, and errors of everyday life are due to an irrational, but purposeful and causal effect of these unconscious wishes which are associated with unconscious punishment phantasies, especially those of the infantile period of life; and, secondly, that no other inference can be drawn from these observations but that of an effective and dynamic unconscious portion of the total mental life.

# PART II

# THE THEORIES OF PSYCHO-ANALYSIS

## CHAPTER FOUR

# THE PSYCHOANALYTIC THEORY OF INSTINCTS

THE THEORIES derived from psychoanalytic observations fall into two categories. The " theory of instincts " is a basic hypothesis which is necessary for the coherent and dynamic integration of the psychological data with each other and with those of biology. The psychoanalytic " concept of personality structure," or " Ego psychology," developed chiefly within the last ten years, is fundamentally a generalization, or an abstraction, of detailed observations.

*The Psychoanalytic Definition of Instincts.* General psychoanalytic usage has given the word " instinct " a special technical meaning. Except that it signifies an innate function, it has little in common with traditional definitions of " instincts " as reflex responses to *external* stimuli, or as pattern forms of behaviour. In fact, its use by analysts is the result of an inexact translation of the German word " *Trieb*," whose connotation is actually closer to that of the English words " drive," " urge," " impulsion," " dynamic pressure," than to " instinct." " Instinct " in psychoanalytic usage is, therefore, the " pressure " which

produces the need for reaction and impels its execution, rather than a designation of the systems comprising stimulus and reflex arc. An instinct may be mobilized by an external stimulus, but the conception does not include the external stimulus itself. One perceives instinctual function, therefore, as need, not as the sensation which provokes the need. "Instinct" in psychoanalytic literature means the energy which produces the phenomena which characterize life.

The psychoanalytic theory of the instincts is a hypothesis which reduces all observations of the unconscious, together with the conscious and the organic, to common functions and common laws, much as the hypothesis of ether enabled physicists to establish a common source for all phenomena of light and heat.

*Biological Implications.* The theory is primarily psychological. For it assumes that mind and personality should, when convenient, be studied independently of morphology and physiology, and it is derived primarily from psychological observations. Yet the concept itself is, from a more fundamental, less pragmatic viewpoint, both biological and kinetic.

The psychoanalyst, though he studies mental phenomena, does not conceive *a priori* of any boundary between mental and physical, or any basic distinction between the energy which is manifested in somatic reactions and that manifested in those psychological reactions which he studies. "Instinct" to him is that energy which is discharged in all phenomena which constitute life. He fails to find scientific justification for presupposing the possibility

of a thought, an emotion, a symptom, or an act, which is unaccompanied by some physiological function, even though at present physiology is still unable to describe it with any thoroughness.

The interdependence (or identity) of somatic and psychological energies can, for example, be clearly observed in a person who is physically ill. Assuming (but only for a moment) an arbitrary division of the two, we may demonstrate an inverse correlation. When more energy is utilized by bodily processes, there is more heat production and an increased expiration of carbon dioxide. At the same time there is diminution in the energy expended in psychological functions, such as recreation, work, thoughts about friends, impulses to socialized activity. On the other hand, when the psychic functions are extraordinarily active, such as occurs when a man is very much in love, or absorbed by emotions of hatred and fear — in active warfare, for example — a diminution of the self-preservative organic functions is manifested by relative malnutrition and physical fatigue.

In his theoretical papers Freud does not overlook this fundamental relationship. He refers to each observable psychological phenomenon as an "*instinct-representative* (*Trieb-representanz*)"; that is, as one of the observable end-results of a discharge of biological energy. The most relevant of these instinct-representatives for his purpose are the "ideas" which constitute the unconscious; for it is these which provide our most accessible and direct data on the most complex (that is, psychological) functions of the organism. Associations which reveal unconscious motivation are, theoretically, representatives of physiological

processes, even though the physiological processes themselves cannot be studied. Thus the analyst can claim success exactly at the point where physiological technique has failed — for example, in reducing the hysterical conversion symptom to laws of universal validity. For physiological technique, though possessing as a rule the inestimable advantage of quantitative methods, requires the isolation of relatively simple phenomena and is still inadequate for the direct elucidation of very complex reactions. The relation of psychoanalysis to physiology may, therefore, be compared to colorimetric tests, where the chemist, though aware of the presence of ions, does not attempt to observe them directly, but attains more valuable knowledge of their effects by studying the delicate alterations they produce in the colour of a dye. So the analyst, instead of direct study of organic processes of such great complexity as to baffle him, studies their psychic "representatives."

*Kinetic Implications.* The psychoanalytic theory of instincts is also a *kinetic* concept. It deals with the hypothetical energy which *impels* the organism to activity, rather than with the *form* this activity takes. It closely parallels the conceptions of thermodynamics, in that it hypothecates a constant and indestructible energy which expresses itself in *either* biological or psychological function. This aspect of Freud's theory is obscured only by the analyst's inability as yet to devise any kinetic unit which can be objectively measured. Like the carpenter who is not provided with a rule, or the chemist who lacks a balance, he can only *estimate* those relative proportions of instinctual energy which are distributed in various manifestations

of the personality. This he does by observing the objective evidence of emotional tension and discharge, and also, to a great extent, by trained observation of his own emotional resonance to them.

Although these estimates are still too crude to have *full* scientific validity, the analyst's conceptions and his mode of thought are already very definitely quantitative. In fact it has to be so; for in human nature there appears to be no "not at all." That is, there is no person so normal that there is no trace of psychosis; no hysteria so typical that some evidence of obsessions does not appear; no human being so interested in one sex that some amorous inclinations to the other cannot sometimes be detected. In other words, total personalities when thoroughly studied cannot be differentiated, except for convenience, in terms of what features are *completely* present or *not at all.* Rather, their psychological functions must be described in terms of the *degree* in which each normal and abnormal tendency of human nature asserts itself.

During psychoanalytic treatments this supposition of a fixed amount of energy at the psychological disposal of the individual becomes a far less chimerical speculation than it must be for students of conscious psychology. If there appear to be wide oscillations in an individual's energy output from day to day, analysis will as a rule disclose that this is only an apparent difference, whereas the energy which has been withdrawn from one focus is always active somewhere else. A patient who is generally interested and animated during his treatment hour becomes listless and disinterested; analysis discloses that he had suddenly begun to tell his secrets to a woman instead of the analyst.

A patient usually very aggressive becomes suddenly depressed; careful investigation indicates that his antagonism (his wish to hurt or injure) is as active as before, but is now turned against himself instead of others, producing the mood and the mental content of depression. A patient suddenly is relieved from obsessional thinking; he becomes for the first time in months busy planning a party for his friends. But what gives the analyst confidence in this hypothesis is not so much the more obvious shifts of psychic energy, but those very occasions which appear to be an exception until careful analytic investigation reveals that the new focus for energy dispersion was not immediately apparent.

*The Pleasure Principle.* In the formulation of his theories Freud has been much influenced by the German physicist and psychologist Fechner, who strove in his study of sensations to establish his hypothesis that these categories of psychological phenomena are reducible to physical laws. The most fundamental of Freud's laws of instinctual activity is that the psychological (and social) activities are determined by a constant need to reduce emotional tension. These tensions are the locomotive factor in human life, and the production of the tensions is the function of the instincts. They are consciously perceived as painful or disagreeable feelings; activity is initiated by the need to perform some specific function which will reduce this tension; and the fulfilment of this tension-reducing function thereby evokes the experience of pleasure. Freud, therefore, termed this fundamental law of instinct the "*Pleasure Principle*"; the somatic origin of instinc-

tual energy, the "*source*"; the tension which serves as an *inner* stimulus to appropriate actions, the "*impetus*"; the need for that special function which will reduce the tension, the "*aim*"; and the instrumentality by which the aim is fulfilled — that is, the other person, the thing, or the portion of oneself which is acted upon, the "*object.*"

This induction of a fundamental property of life, derived from psychoanalytic observation, coincides with the ultimate conclusions of scientists in other fields. For example, the physiologist Cannon,[1] after a life of investigation of organic function, maintains that all bodily processes are devised to maintain a definite physico-chemical equilibrium which he terms "homeostasis." The essence of Cannon's conclusions about "homeostasis" coincides remarkably with the significant statements of Freud's own most speculative work, *Beyond the Pleasure Principle* (1920). Their investigations have been in separate realms, yet their final conclusions in regard to the fundamental processes of life are the same: the psychoanalyst, that psychological processes are initiated by the need to restore an emotional equilibrium which is experienced as pleasure; the physiologist, that all organic processes are initiated by the need to restore a physico-chemical equilibrium which is experienced as health.

The identity of the ultimate conclusions of two such leaders of scientific thought (to mention only two) evokes conviction that we have here the essence of the nature of living function, so far as it is yet comprehensible. The further conclusion seems justified, that it is only the unavoidable

[1] Walter B. Cannon: The Wisdom of the Body (New York: W. W. Norton & Co.; 1932; 306 pp.)

technical limitations in both fields that have kept us from demonstrating empirically those relationships whose assumption hypothetically is unavoidable. As yet we must be content with a situation whose counterpart in the controversies of organic and physical chemists is very striking. Physiology is limited by techniques applicable only to isolated and relatively gross aspects of the total function. Psychoanalysis is superior for the investigation of processes of a complexity and subtlety which baffle the physiologist, but is itself handicapped by the extreme crudeness of its quantitation.

The Pleasure Principle is of prime significance in the theory of the psychoneuroses. For Freud's answer to the question why the personality adopts a symptom or adjustment to life which entails suffering is that this very situation entails the minimum suffering (the minimum degree of disagreeable tension) of which that particular personality is capable. A psychoneurotic represses a wish that is denied direct and normal release of tension, Freud concludes, with special consideration of the occurrence of punishment phantasies and anxiety, either because recognition of that wish is too painful or because it leads to too painful consequences. But the frustration of the gratification, even though it is unconscious, produces an increment of the tension itself, which, in accordance with the Pleasure Principle, must in one way or another be reduced. As this cannot be accomplished directly, because of the frustration and repression, it is accomplished indirectly by the neurotic symptom. In terms of the empirical "instinct-representatives" which we discover by free association, we describe this as gratification of the unconscious (re-

pressed) wish. In terms of the instinctual theory, we describe it as reduction of instinctual tension.

The later investigation of that group of instinct-representatives which have been referred to as "unconscious punishment phantasies" permits us a theoretical amendment to this formula of symptom-formation. For we now see how the condition of conflict between a "wish" for pleasure and a phantasy of punishment is, theoretically, the opposition of *two* opposed instinct-systems. Besides the sexual "wish," and opposed to it, is that kinetic factor described as "need of punishment." Not only, therefore, is a neurotic symptom in part the gratification of a sexual or hostile impulse, and therefore productive of pleasure (more exactly, *less* pain) by a reduction of tension, but this gain in pleasure is always accompanied by suffering. The suffering itself, however, is the gratification of the second instinct system, and is pleasurable in the sense that it is easier to bear than the corresponding degree of tension, especially if this reaches a level where the primal guilt would erupt into consciousness. All cases of neurotic symptom-formation appear in analysis to be reducible to this formula: they are compromises affording gratification to both the instinct-systems, that represented by sexual phantasies, and that represented by punishment phantasies. Therefore it is always formed in accordance with the Pleasure Principle, in that the tension of both systems is reduced and the aims of both achieved. Neurosis is the most pleasurable, or the least painful, adjustment possible for a personality with such a conflict of instinct-systems. And even the suffering of neurosis is "pleasure in pain," in that the tension of the guilt-system is reduced. This is

also the basis for the common observation of pleasure from masochistic gratifications.[1]

We may illustrate the Pleasure Principle by analogy with a simple water-system (Fig. I). Water enters at A;

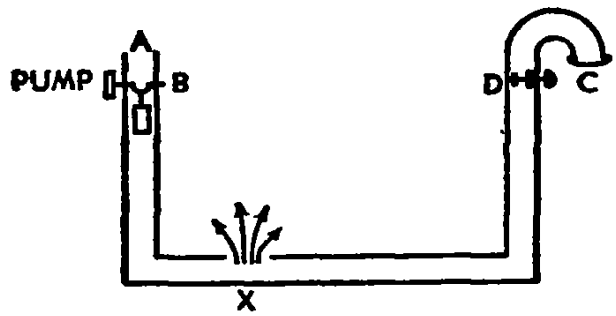



FIGURE I

it is directed under pressure by the pump at B; and the normal tension of the system is maintained by release of the stream at the outlet C, whenever the pressure becomes sufficient to raise the water to that level. If, now, the normal outlet is blocked by a valve at D, the water-pressure increases to a point which compels some alteration of the dynamics of the system. Either the obstacle at the valve must be released, the pump must be demobilized, or else a break in the system which secures the reduction of tension must occur, in the vent at X.

In the psychoanalytic theory of instincts, the water of this system represents the "source," or physico-chemical properties from which all life energy is derived; the pump represents the instincts which organize and direct this energy through organized channels normally leading to some specific and pleasure-giving activity which reduces the tension, represented by the outlet, C. Thus, for the fully mobilized adult sexual instincts, C represents or-

[1] See "*Sadism and Masochism*," pages 125–39.

gasm; for hostile instincts, it represents the injury of an antagonist; for the Ego (nutritional) instincts, the ingestion of food.

The valve, D, represents obstacles to the free discharge of this energy, and psychoanalysis has discovered that it is in the instinctual-system " sexuality " that the obstruction in the form of taboos has occurred. The valve is, therefore, itself controlled by the " guilt-system," which itself is constructed on a similar dynamic plan. Occasionally the release of the tension produced by the conflict of the guilt-system with the sexual system is secured by release of the obstruction to the normal outlet. Thus a fortunate love-affair, an unusual friendship, or a vital new interest may cure a neurosis, though usually cures of this kind prove to be patchwork, and the neurosis returns at some later date. At other times the pump is ruined by the back-pressure, instinctual life becomes disorganized, and we have that demolition of usefully directed systems which constitutes psychosis. At other times the pressure produces a break at some weak internal point of the system, and there is a release of tension at X. As in the water-system, such a psychoneurotic symptom serves the desirable function of releasing the pressure without total disruption of the system, but does so at a point where no normal function is served, and generally with " flooding of the bathroom floor."

The case history of Chapter III illustrates admirably the type of material from which these inductions are drawn. A study of the woman's conscious life showed a rejection of marriage, a fear of pregnancy, and a group of psychoneurotic symptoms. These features were inexplicable, irrational, and without purpose until psychoanalysis re-

vealed the unconscious *wish* to have a child as the dominant determinant of her life. Psychoanalytic theory would describe this unconscious wish as the psychological representative of an instinct corresponding to the water-system. Repression of the wish corresponds with closure of the natural outlet of this instinct through rejection of love of a man, a normal home, orgasm, and pregnancy. The "valve" was closed by the energy represented psychologically by fear of punishment by a rival whose love was also desired. The conflict of these two forces had originated in the association of love of babies with infantile jealousy of her mother. The closure of the valve was apparent in the patient's repeated rejection of men she loved, while the increment of the unreleased instinctual tension was apparent in her self-frustrated efforts to find love and home, and her final acceptance of a painful love-affair. Finally the system burst, and the dammed-up instinctual pressure was relieved by the neurotic symptoms. These showed definitely the neurotic stigmata of pleasure in the release of tension through abnormal channels, and the concomitant suffering which satisfied the guilt-system. With the analytic data available, no other interpretation is possible than that this abnormal "pleasure in pain" was indeed the maximal pleasure, the maximal release of both the sexual and the guilt tensions, of which this woman was capable, so long as the normal valve was closed by conflict and repression.

*The Reality Principle.* Freud, moreover, recognizes that, though the Pleasure Principle represents a cardinal feature of instinctual function, it does not fully account for a multitude of observations. The most important modi-

fication of the Pleasure Principle he calls the "*Reality Principle.*" The Reality Principle is the capacity of human beings to dispense with immediate pleasure in order to ensure pleasure, or avoid pain, at some future time. This function is the hallmark of adult behaviour and is negligible in the infant. It is not innate, but developed as the child gradually learns by experience that immediate pleasure may incur a subsequent pain, most often the pain of punishment or loss of love by a parent. Thus a child may derive pleasure from sucking its thumb. In accordance with the Pleasure Principle, it will perform this agreeable act on every occasion when the instinct urges. If, however, he learns that mother slaps him, or that mother witholds a kiss, when he sucks, he will eventually adopt the Reality Principle, and deny himself immediate sucking pleasure in order to ensure the greater pleasure of mother's affection in the future. The Reality Principle, therefore, is not opposed to the Pleasure Principle, but is a modification of the more primitive reaction which is learned by experience and which characterizes emotional maturity.

We may represent the Reality Principle in our hydraulic analogy by making an addition to our simple system (Fig. II). Valve D may be closed, and the resulting overflow of water may be stored in a reservoir, E. When the pressure of the reservoir now rises, it will be relieved at appropriate intervals by releasing the valve D′, which represents the good judgment of the normal adult in appraising the consequences of his act.

The simple system, therefore, represents the innate instinctual urges of the pleasure-seeking infant, the reservoir system that of the normal functions of the adult person-

ality. Valve D will then be closed to all urges which are tabooed by unconscious guilt; valve D′ to that overflow which threatens disastrous *external* consequences. The obviously infantile adult, such as the sexual pervert or the uncontrollable temperament, is he whose instinctual outlets through the reservoir system are closed at D′ while

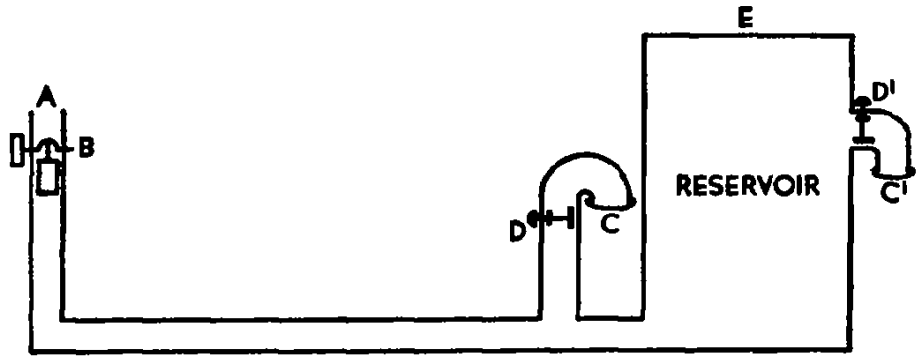



FIGURE II

valve D is open to impulses which normally are allowed gratification only in infancy. The psychoneurotic has a partial closure of both valves, D and D′, so that release of tension is only possible by a rupture of the simple system.

In the mild neurotic the reservoir may be adequate most of the time. Such was true of the woman whose case we have cited. Had she been observed three years before her analysis, no neurosis would have been apparent, and only her frigidity and futile sexual history would have given the experienced observer a clue to the psychic situation which one day would result in the clogging of the system and the outbreak of definite symptoms. In other cases the capacity to utilize the Reality Principle is so constantly limited as to produce chronic neurotic tension throughout the greater part of life.

We may also cite the case of an intellectually talented

man. Though he had attained honours in a technical school, and even been recommended for one of the best positions open to the graduating class, his life was tragically crippled by many very serious disturbances, of which the most serious were an inability to establish social relationships, friendships, or normal love-affairs, constant preoccupation with day-dreams, and repeated episodes of impulsive, arrogant insolence to superiors. Wherever authority was represented, in amateur sports, in the company for which he worked, or with court officials, the patient first won affection and then alienated it by this uncontrolled need to express insulting defiance. In the analysis, the patient assumed this very attitude to the analyst, behaving as though the analyst had assumed (as he had not) the prerogatives of a disciplinarian. The patient would attempt to please, and then intentionally refuse to tell his thoughts, fail to keep appointments, and try various more subtle devices for enraging his therapist. After much laborious work the patient reported that when saying nothing he was imitating with his lips the sensations of bowel evacuation and flatus. This gave him the pleasant feeling of a specially vigorous insult to the analyst. Eventually he recalled several experiences of his mother's early care of him. At seven she had forbidden him to use the school toilet because boys said dirty things there; he had one day retained his excretions until after school was over, and while running home in pain had dirtied his trousers. After telling the analyst of these memories, he recalled her scrupulous personal attention to his bodily needs up to this age, the welcome affection she had lavished in this and many other ways, and the strenuous fear of violating her excessive demands for

good behaviour and bodily care. Later many vivid details of this training long before the age of seven were recalled, all of which reflected the same fundamental problem: on the one hand, an excessive need of being cared for by his mother, an absorption of his love-needs in this attitude; and, on the other hand, bitter resentment for her unusually excessive curtailment of his infantile pleasures, especially those of excreting, and fear of her punishments. In later childhood and adolescence this had resulted in complete paralysis of any demonstrable affection in his relationship to his mother, a constant source of anguished incomprehensibility to her. It had become the unconscious model for all his later attachments, both to men and women, to school teachers, friends, and employers, and finally to the analyst. Even at twenty-four, he now narrated, he had reproduced the essential details of the seven-year-old scene. When consciously activated by feelings of warm affection for a host at a summer cottage, he had gone to walk in the woods at night and felt suddenly impelled to soil his trousers. Analysis disclosed the repression of an occasion on which he had been slighted by this man. Of special interest had been the fact that it was generally occasions where some reference to cleanliness was made that precipitated his later insolence, thus always bearing the mark of the infantile restrictions his mother had excessively imposed upon him. On one occasion it was a friend commenting on the imperfection of his dress tie, on another an officer reprimanding the lack of neatness of his uniform, on a third a dentist advising cleanliness of the teeth.

Such a case represents an impairment of development more severe than is found in typical psychoneurosis. For

the Reality Principle had never been well established, and the pressure for *immediate* gratification of instinctual tension was chronic. The pressure of the instincts is still confined chiefly within the primitive pleasure system. The functional capacity of the reservoir is very limited compared with that of mature adults. The Reality Principle is still subordinate to the Pleasure Principle, as in normal infancy. The individual has maturity of intellect and body; yet he is not truly living in a grown-up world, but is constantly playing in imagination, emotionally a child to a very great extent. As a result, adult sources of instinct-gratification are impossible, and the maximal agreeable release of instinctual tension takes place in part at the psychic analogue of valve D (by masturbation, ritualistic play, etc.), and in part through the explosive vent which his chronic insolence and defiance represent.

*The Repetition Compulsion.* Finally, in addition to the Reality and Pleasure Principles, Freud in his book *Beyond the Pleasure Principle* recognizes another fundamental law of instinctual function, which he calls the "*repetition compulsion.*" There is in human life, he concludes, a tendency to reproduce certain previously experienced emotional tensions, regardless of the capacity of the organism to derive pleasure from them, and regardless of their egoistic value. The repetition compulsion includes the traditional concept of habit, but Freud's emphasis of its unconscious dynamics, its presence from the very earliest experiences of infancy, and its relationship to the instinct theory, involves much more than the renaming of a general observation. Impressed especially by such phenomena as the tendency

of " shell-shocked " soldiers to repeat the traumatic event over and over, especially in dreams and in conscious waking hallucinations, and by the endless repetition by children of even painful bits of play, Freud concluded that the tendency to reproduce an emotional event was an innate function of the instincts. The woman with speech difficulties illustrated a similar lifelong compulsion to reproduce the situation of painful tension which led to the endless prolongation of her neurotic love-affair.

The repetition compulsion is, indeed, essential to analytic psychotherapy. For the analyst's aim is to modify the Pleasure Principle, which is dominant in neurotic drives. To secure a basal modification of the personality with supremacy of the Reality Principle, the emotional repetition of those very infantile situations whose potential pleasure the patient has failed, unconsciously, to renounce is essential. This therapeutic principle is only made possible by utilizing in practice the principle of the repetition compulsion. The case of the defiant man just cited illustrates this therapeutic application.

*Classification of the Instincts.* We now turn from the fundamental conception of instinct, as organic energy whose impulsion produces psychic tension and whose discharge produces pleasure, to the specific types of activity by which such discharge is attained. The theory of instincts postulates an organization of such a kind that discharge of specific portions of the total energy is achieved by some specific activity. This specific activity is known as the " *aim* " of the instinct. Obviously not all instinctual energy is expended in the same type of activity, and there-

fore Freud classifies different instincts in terms of their aims. Thus, in the discussion of those aspects of psychoanalytic theory which are most closely related to clinical problems, Freud has come to use the word " instinct " in a derived sense. He speaks of instincts in terms of *how* they are manifested, while its original and biological meaning has reference to *what* is manifested. For example, he uses the term " genital instinct " to designate that organization of instinctual energy which requires genital activity for complete discharge of the tension. If we were indisposed to economize in our use of words we would have to say, instead of " genital instinct," " that component of the sexual instincts whose aim is genital function."

From the standpoint of a fundamental kinetic theory, in contrast to the descriptive classification of emotional nuances (which MacDougall, for instance, does so admirably), all instinctual systems may be classified according to their aims in three major groups: the " Ego instincts," whose aim is nutrition and self-preservation; the " destructive (aggressive) instincts," whose aim is hostile activity which injures, pains, or kills; and the " sexual (love) instincts," whose aim is to touch, to experience pleasurable sensations (or their psychological equivalents, to create, receive, and give).

## CHAPTER FIVE

# THEORY OF PSYCHOSEXUALITY AND AGGRESSION

*The Libido Theory.* The *sexual instincts* inevitably have as conspicuous a place in analytic theory as sexuality does among its data. Their formulation is the most detailed and adequate chapter of the instinct theory, for it includes those inferences which are most conclusively indicated by the data.

The facts of sexuality — especially bisexuality, repression, displacement of object and aim, regression, and sublimation — led Freud to consider all the various phenomena of psychosexuality as manifestations of one fundamental and closely related group of instincts. He originally assumed a special chemical agent whose unique function was the impulsion to all varieties of sexual reaction. This premise distinguished them biologically from all other instincts, especially the Ego instincts.

To this special form of energy, whose expression is organized as the sexual instincts, Freud gave a special name — the "*libido.*" Pleasure is obtained by the reduction of "libido tension." The various forms of sensual or psychic excitation which serve for complete or partial reduction of libido tension are called the "*partial aims*" of the sexual

instincts. Though some of these are very complex, they are derived ultimately from the erotogenic zones of the body, especially the mucous membranes of the bodily orifices, and also from the specialized sensations — especially vision.

A unique characteristic of sexual instincts, differentiating their phenomenology most decidedly from that of the Ego instincts, is *displacement*, the substitution for unconscious objects, or the regression to earlier aims for gratification (though not without a toll). Freud's proposition that this is possible because the source and nature of the primary impulses are identical, regardless of the partial aim, was evolved primarily to explain this phenomenon.

The partial aims which Freud defines are frequently unconscious and may be represented consciously by some sublimation, symptom, or normal substitute. Thus I have illustrated in Chapter III how the partial aim of one patient, to be looked at erotically, was unconscious, and ecstatic pleasure in " nature " was substituted for it; how the unconscious partial aim of another to be touched on the anus was replaced by the wish to be given money. Similarly, though a description of the conscious love-life of the man who suffered from impotence would have designated his sexual aim as genital, analysis of the unconscious showed that it was actually oral, and that his impotence was determined by his unconscious wish to use his genital as an organ for suckling, and not as an organ of aggressive and love-giving penetration.

The libido theory is consequently not only a theory of adult sexuality, but a theory of its ontogeny. For, in view of psychoanalytic knowledge of infantile sexuality, the

non-genital partial aims of the adult represent residuals from earlier stages of development. The libido theory, in accordance with this data, supposes that in the first year of life the mouth is the dominant erotogenic zone, by whose excitation libido tension is fully reduced. This is shown by the deep sleep and placid contentment which follow normal suckling. During the second and third years — and practice in the rearing of children corresponds in general to the biologic transformation of sexual partial aims — anal excitation is the most conspicuous partial aim.

The development of " pregenital sexuality " ends with a period of partial-aim dominance which analysis describes as the " phallic phase." At this time the organ of coitus (in boys) becomes the dominant zone of sensual gratification, but the psychic attributes of the dominant libido aim are clearly distinguished by analysts from those of true " genitality." During the phallic stage the child's partial aims are like those of the anal and oral stages, in that they are concerned essentially with an " autoerotic," self-sufficient gratification. It is not the image and love of another that excites him, but primarily the pleasure derived from his own body. Gradually this merges with an intense interest in the mate whom he phantasies, and the primitive aims of exclusive sensual gratification derive support from the subsidiary aims of tenderness and the giving of pleasure. His libido then demands " genitality " in a *psychological* as well as an *anatomical* sense, and reaches its full maturity in adolescence.

In the *girl* the oral and anal stages of development are, so far as we know, very similar to those of boys. Her phallic stage is distinguished from his, in that its dominating

aim is not excitation of the same organ as that of mature genitality — not the vagina, that is — but the clitoris. Study of the unconscious phantasies associated with clitoris masturbation and their many derivatives show one very remarkable fact — that not only is it the anatomical homologue of the penis, but it is also the psychological representative of her masculine wishes, especially her tendencies towards the more aggressive role in love-relationships. The lines of sexual differentiation are, therefore, not clearly defined until after the phallic aims have become subsidiary. At puberty the girl's vagina (together with the uterus) normally becomes potentially the dominant aim of her unsublimated libido.

The transformations which occur in the development of the female sexual instincts are more complex than those of boys. Questions of primary importance are raised by the facts that the major object of a heterosexual girl's love changes during the infantile period from mother to father; that in the transition from the phallic to the genital period there is a change in the organ of sensual primacy; that aggressive aims which are as sadistic in the girl as in the boy during the phallic period are normally replaced in part by the wish for the receptive function of conception and in part by the functions of maternity. In spite of abundant clinical data, these problems of the psychological differentiation of women have not been solved as adequately as the special ones of male psychology. Possibly it is because the genius of Freud has not concentrated on them quite so intensively.

The differentiation of phallic and genital periods has been of primary clinical importance. Without it, it would

be extremely difficult to explain systematically certain types of cases. Many men whose history discloses an active erotic life have nevertheless not attained a fully developed genitality. Analysis of them discloses that their unconscious phantasies are those of the phallic period, and that their primary and dominant aim is autoerotic, and not a fully developed capacity to love a woman. Similarly, in women, prostitute-like behaviour, repetitive tendencies to quarrel violently with men they have attracted, and obviously masculine drives of a sort which leaves them thwarted in their hopes of being loved by men are shown in analysis to be problems of the phallic period. Many cases of frigidity and of abnormal social inhibition are due to a strong unconscious sadism which survives in the unconscious from this stage of libido development.

In spite of the hope expressed by Freud, in the preface to *Three Contributions to the Sexual Theory* (1905), that new discoveries would soon make obsolete the libido theory, its main outlines have stood the test of time. Its defect is the inevitable result of its very schematic character. There are important details which do not fit the scheme. Though the general outline of the chronological succession of the partial aims of the libido during infancy is sound, it is also true that all partial aims are to be found in some degree at all stages. The penis or the clitoris is often a source of sensory pleasure while the infant is still suckling; a normal child of three will often still enjoy the breast consciously if allowed to do so. Secondly, there are important unconscious aims of the adult libido, participating in symptoms and character-formations, which — like the oral, anal, and phallic — are derivatives of infantile sexuality, but which

do not apparently fit easily into a chronological chart. Important among these are urethral, skin, and muscle erotisms, as well as that of looking or being looked at ("scoptophilia" and "exhibitionism").

A comparison of the libido theory with the chapter on the facts of sexuality may well cause wonder whether it be not intellectually over-scrupulous to call a formulation so much of which is demonstrated fact, a theory.

*The Ego Instincts.* The "*Ego instincts*" are those which serve all the functions of self-preservation. For Freud concluded that the instincts which impel to mastery of the outer world and to protection against its dangers are identical with those which defend us against certain of our drives towards sexual pleasure. Their functions demand that we heed the restrictions society imposes upon adult sexuality and its taboos of infantile sexuality, and they enforce the intra-psychic repression of "dangerous" impulses, whenever infantile wishes are still active forces in the adult unconscious.

The Ego instincts are servants of the Reality Principle, which enable the individual to do without the protection of his parents. At the beginning of life sexual and Ego instincts are both satisfied by the same aims of complete passivity towards the mother. In the later infantile period the child's initiative is governed by autoerotic sexuality, generally in real opposition to the mother, who still serves the aims of Ego-preservation. The two major functions of the Ego instincts, mastery of reality and maintenance of repression, both become clearly manifest as independent functions of the individual at the same period of life when

the child, renouncing the phantasies of his Œdipus complex, begins to face the world alone.

In the simplest terms, psychic conflicts occur between variations of the impulses: "I must love," and "I must live" — of the need for pleasure and the need for preservation. Thus the patient who could not say "mother" suffered from the fact that her potentialities to enjoy life were blocked by the need to preserve herself from the phantasy of maternal retaliation. The man who dreamed of the Negro boys experienced (unconsciously) a similar conflict of the wish to love women and the infantilely determined fear that it would be injurious to him.

Thus, wherever a conflict of a libidinal impulse and an Ego instinct is persistent, there is really repression of the sexual impulse by the Ego (occasionally some other "defence," or, in perversions and psychoses, a failure of defence). The result of the repression is that the aim of this component of the libido is unconscious, and there is a regression to some other substitute partial aim. This is determined in part by an especially strong tendency, relatively, of some pregenital drive, the result either of constitutional idiosyncrasy or of actual or phantasied events of the individual's infancy. The conflict of the pregenital drive with the Ego is now continued, and a compromise is reached. The repression of the actual aim is maintained, but the sexual impulse, which, since regression, no longer demands a genital goal, is, therefore, able to find some form of partial gratification. This it may do through the formation of a neurotic symptom or character trait, if it is not solved by a normal (painless) mechanism — as wit, dreams, sublimation, religious observance.

The theory of the Ego instincts, especially in regard to their relationship to sexuality, is derived more from negative than from positive findings. It is the necessary conclusion from data which show that certain aims of sexuality are not conscious rather than from observations of the Ego functions directly. This is the reason why psychoanalysis has not been able to formulate their characteristics so precisely as was possible in the case of sexuality.

Valuable additions to our empirical knowledge of the Ego instincts may well come from two fields of psychoanalytic investigation: from the study of "schizophrenia," a psychosis in which — in contrast to the psychoneuroses — a defect of the Ego instincts is immediately apparent in the fundamental failure to deal with the obvious problems of self-preservation; and from the direct study of the development of children by Melanie Klein in London, Anna Freud in Vienna, and their colleagues in "child-analysis."

*Narcissism.* The advances in psychoanalytic theory since 1910 have to a great extent paralleled the extension of psychoanalytic investigation beyond the problems presented by the simpler psychoneuroses, dreams, and errors of everyday life. The first of these strides forward is the new and fundamental concept of narcissism (or "narcissistic aspects of sexuality"), dating from 1914. This was to a great extent a product of the study of psychoses, for whose elucidation the formulations of repression, fixation, and regression were wholly inadequate. But the study of certain aspects of normal love-life also contributed to a theory which clarifies so many kinds of human reaction.

"*Narcissism*" is any phenomenon in which oneself,

one's person, one's body, or one's psychic attributes are the object of the sexual instinct. It is that supplement to the libido theory which deals with the *direction* of the sexual instincts (extroversion or introversion); it refers to those functions of the sexual instincts in which the Ego is both active and passive, to those forms of love which are gratified independently of other people ("autoerotically") or in which others are of value only from what they give to the subject. The narcissistic Ego is prepared to derive pleasure passively and receptively; it is indifferent to either the libidinal or the egoistic requirements of other people. It is the theoretical formulation of what we may term colloquially "self-love"; it is, therefore, the libidinal complement of egotism (in the more technical sense of service to one's own self-preservative needs). Thus, narcissism is terminologically contrasted with *object-love*, in which the fulfilment of another person's emotional requirement is indispensable to one's own pleasure. In many psychoses and markedly psychopathic types of personality, narcissism is nearly complete. But partial narcissism is an important component of a great variety of psychological conditions.

Theoretically simple, narcissism is clinically a very complex problem. Not only is narcissistic libido at birth indistinguishable from the Ego instincts; not only (except in severe forms of mental disease) is narcissism always mingled with variable degrees of object-love; but besides these considerations, we find that the most common varieties of narcissism require the exploitation of another human being's love. This is obviously true, for example, of the adult types of love which more closely resemble the love of

child for parent. Narcissism is a conspicuous component of what is one of the most frequent feminine types of love, where the woman's major requirement is to be adored and cared for. In the most typical (if there be such) loves of adult men for women, the role of narcissism is still more complex, in that the man's cherishing of the woman is so intimately related to the substitution of the woman for himself as object of his own receptive (that is, narcissistic) needs. The love for children illustrates the same mechanism; for the adult finds in the child that narcissism which he could not adequately gratify in himself, without frustration of the other instinctual needs of a mature personality, and loves the child instead of his own infantilism. This component of child-love, when excessive, is largely responsible for many of the problems of parents who cannot allow their children to mature and become independent of them. Thus it is apparent that narcissism is a formulation not only of abnormal conditions, but of many aspects of normal adult love-life — as one indeed should expect from the fact that at the core of every human being is something of the infant, and every infant at first is completely narcissistic.

Narcissism, therefore, is one manifestation of the impulsions grouped as "sexual instincts." Its biologic source, general characteristics, and aims are identical with those of other currents of libido. It postulates only a difference in object and is, therefore, conspicuous in all sexual manifestations whose aim is not "genital" (and some that are, especially those of more passive individuals).

Some of the phenomena from which Freud draws this conclusion are clearly manifest in the case of pathological

defiance cited above. This man was unable to love mother, teacher, sweethearts, or friends because of his resentment towards whatever person became the object of his love. He formed no normal attachments to other human beings and was capable of gratifying most of his love-needs only upon his own person. Following a much earlier hint of Abraham, Freud showed how such narcissism actually manifests many of the same characteristics as love of another object. It is especially clear and important that both types of love give rise to the psychic over-evaluation of the beloved. The suitor acclaims his sweetheart's charms and is pained at any injury she undergoes. The " narcissist," whose love is directed chiefly to his own person instead of another, over-evaluates in exactly the same way his own importance and suffers the pangs of wounded hypersensitivity from all deprecatory opinions or any moderation in the affection bestowed upon him. The extreme example of pathological over-evaluation of self is seen in the megalomaniac, who has so completely " invested " his own person with his own love as to be indifferent to anything but his own greatness, beauty, or power. However absurd his claims may logically sound, they are emotionally true. He does not consciously lie about himself; he actually *feels* himself to be the greatest and most important of human specimens. The same instincts appear to be effective and produce similar types of ideation in the lover who believes his sweetheart " the most beautiful girl in the world," and the megalomaniac who proclaims that he is Lincoln, Christ, or Napoleon. The difference is only in which object is invested by the libido, oneself or another, and in the tender components which object-love always implies.

Less conspicuous but convincing evidence of a "retreat" from object-love to narcissism is evident in every variety of psychosis. Even that type of psychotic depression in which the individual proclaims he is the most miserable, the most useless, and the most loathsome of wretches, betrays his excessive evaluation of self in his use of superlatives and the excess of his demands on the attention of others. The schizophrenic patient betrays it in a different way when, sitting apart, doing, thinking, and feeling nothing in which others might share with emotional spontaneity, he shows how little outside of himself has the slightest subjective value.

Freud conceives the original relationship of the infant's libido to object to be, like the megalomaniac's, one in which only the self is loved. The babe knows nothing but itself, its only pleasures are its own body. Whatever external factors he experiences, such as the breast, are conceived by him as part of himself and therefore psychologically *are*, to him, a part of himself. Only gradually does he learn that external objects are necessary for instinctual gratification, even of the narcissistic type. In the course of development this need of external objects becomes a major goal. It leads to everything about the human organism which is social, but is never (except perhaps in unusual moments of the most intense loving) so complete that there is not a residual narcissism in the most normal adults. An abnormal degree of adult narcissism, such as the defiant man illustrated, is usually occasioned by some frustration of the object need. But gratification of object-love may, conversely, be frustrated by excessive narcissistic trends. In this case, for example, it was frustrated because he must hate what he

loved; but libido tension remains, and can then be satisfied only by a return to the infantile mode.

It is extraordinary that occasionally certain reasonably adult people may, for a few minutes during psychoanalysis, apparently reproduce the original narcissism which Freud presumed to be universal for the infant. For example, one patient feels he himself has the same thoughts and feelings as the analyst, and for a few moments reports some extraordinary associations: "I am so perplexed, so bewildered! I don't know, I can't tell whether you are I, or I am you. It is all the same — it is beautiful!" Another has a vivid phantasy of suckling and says that she must be feeling exactly like an infant; she "*knows* its sensations" and then complains of great confusion and uncertainty as to what is she and what is someone else. Both these moments, like all similar ones, occurred at times when conflict of love and hate for the same person made pleasure in a love-object temporarily impossible, and represent one of the efforts to escape from a painful struggle to a pleasurable, if futile, childish peace.

There is another aspect of narcissism of special interest to medical scientists. This is the frequent identity of hypochondriacal and organic symptoms. A patient may complain of sensations in his heart because he has heart disease, or of heart disease because he has sensations in his heart. In hypochondria a patient loses interest in his previous activities and concentrates it on his organs. In organic disease the pathology itself causes a concentration of psychic attention, and there follows a loss of interest in other things. From the point of view of the theory of instincts, Freud argued, the distribution of libido appears

the same in both these cases. When its application to one object is diminished, it appears elsewhere. In either hypochondria or organic disease we must account for the diminution of the concentration of the libido on the usual external sexual interests. Shall we not conclude that it is now concentrated on the organs which have now become the "objects" of an unusual proportion of the total libido? This is a conclusion congruous with the rest of our theory of instincts, which states that whenever damming-up of libido occurs, owing to the failure to gratify its aim, a tension results which is perceived psychically as pain. When the lover departs, there is no sexual object, gratification is denied, libido accumulates and the person suffers, while his mental content becomes pre-eminently visual or verbal images of the object. When objects, and even thoughts of objects, are renounced, the psyche then becomes the object of love, and if this is not constantly gratified, pain is also experienced and becomes obvious to all in "spoiled-child" behaviour. And if one's interest in both another object and one's own personality is lost, the libido appears, as in hypochondria and organic disease, to be concentrated in the organ involved, and again the tension is perceived as pain, this time as physical pain, and the mental content is chiefly concerned with the object, now the organ. Such a postulated redistribution of the libido in conditions of physical pain seems particularly clear when it occurs in a region from which the individual normally receives no sensations. Such conclusions appear to derive some confirmation, Alexander has pointed out, from the peculiar abilities of Indian yogis. These men have developed a technique which enables them voluntarily to detach their sexual

needs from the usual objects so completely that they become conscious of internal organs and even exert some voluntary control over them.

At any rate, Freud concluded, the pain of organic disease and that of hypochondria are identical in regard to the enhanced narcissism cases of both types show. In the one case, the cause is organic pathology; in the other, psychopathology; but in both there is a concentration of libido with the organ as object. The probable correctness of this conclusion is often illustrated during psychoanalysis by the unconscious phantasies associated with organic pain. Its origin and treatment is a matter of medical diagnosis, but whether psychic or organic, it may have the same psychic significance and play the same role in the economy of the personality. Thus the study of hypochondria and allied conditions leads to the conclusion that narcissism may be either a "*sexualization*" of one's own personality and sensations (self-love), or a "sexualization" of the organs and their functions; in the latter case the mechanics of life themselves become the "object" of the libido. As in the suckling, the aims of the Ego and the sexual instincts are identical.

The practical applications of the theory of organ narcissism and its further empirical investigation and substantiation may well become one of the most important departments of medicine. In 1916 Sandor Ferenczi (Budapest) had suggested the practical applications of psychoanalysis to such conditions as gastric ulcer, hypertension, asthma, and allergic hypersensitivity. Felix Deutsch (Vienna), Ernst Simmel (Berlin), and Groddeck have given the organic aspects of medicine special attention, and in Amer-

ica, where the work of Jeliffe, Kardiner, and Alexander is stimulating special interest, much analytic research is tending to concentrate on those very problems. I may cite an example of the kind of observation which suggests the possible therapeutic applications of the theory of organic narcissism. The gastro-intestinal X-rays of a patient who was being analysed for typical psychoneurosis showed, in the opinion of eminent internists, typical signs of duodenal ulcer. He had never had a symptom. But during analysis he several times developed symptoms of gastric distress, complained in a hypochondriacal manner of his physical symptoms, and at the same time lost all interest in personal activities to which he had previously been very alert. On each occasion the development of physical symptoms occurred under identical emotional situations, when he suffered an acute conflict between his unconscious passive need to be mothered and his fear of being " taken advantage of " like a girl. Such situations, recurring under identical psychic conditions, arouse one's curiosity as to further details of the relationship of the organic and the psychological manifestations.

*Theory of Eros and the Death Instincts.* The original theory of two distinct groups of instincts, the sexual and the ego instincts, opposed to each other in conditions of psychic conflict had sufficed to explain psychoanalytic observations of the simpler neuroses. But the recognition of narcissism, especially its role in hypochondria, psychoses, and organic neuroses, had pointed to certain inadequacies of this theory. The Pleasure and Reality Principles had served to describe the purpose of instincts in the impulsion

of most human reactions, but did not suffice to explain the repetition compulsions observed in some features of play, shell-shock, psychoanalytic treatment, and perhaps in epilepsy. Another stimulus to a comprehensive psychobiologic theory had been the increasing perplexity as to the ramified phenomena of psychosexual sadism and masochism, and the relationship of these phenomena to other expressions of the instincts. As a result of these further developments in the studies of psychoanalysts, Freud, in 1920 (*Beyond the Pleasure Principle*), retracted his original theory that the sexual and ego instincts are fundamentally opposed functions of the organism.

Freud now proposed, in agreement with Carl Jung (who in 1910 had strenuously disputed this aspect of Freud's theory), that the postulated energy which maintained all life processes, including those of self-preservation (Ego instincts), organic function (organ narcissism), self-love (psychic narcissism), and object-love, were basically homogeneous. He proposed to name it *Eros*, whether it was manifest as libido at the service of the sexual instincts, or as Ego-libido serving the functions of self-preservation. In " primary narcissism " one sees clearly the primal identity of the two, especially in the gratification of both love and hunger in the infant's sucking.

Freud now postulated a previously undescribed group of instincts, which were in opposition to both the sexual and the egoistic functions of Eros, as now conceived. These he termed the " *death instincts.*" The theory of the death instincts is justified by the tendency of all life to return to, or to repeat, the inorganic state. That is to say, the physiological expression of Eros is anabolic, that of the death

instincts is catabolic. In the psyche the catabolic functions of the death instincts are represented in all destructive impulses. These, the new theory stated, are originally directed against the self and eventually produce death. As long as life lasts, however, and as a necessary condition for maintaining life, there is apparent diversion of the primal self-destructive impulse towards outer objects, and it is this that provides the energy for all acts of aggression, hostility, or destruction and for sadistic or masochistic psychosexuality.

In many situations in social life this process is reversed, and there is a turning inward of the thwarted outward aggression. This occurs, for example, in suicide, and phantasies of suicide, and in incidents where a strong desire to retaliate by injuring another is checked, and followed by evidence of attack upon oneself, felt consciously as a mood, despair, melancholy, or self-depreciation. The occasions for such a reversal of destructive tendencies are most often those in which a love-need is thwarted by another, and the inevitable desire for retaliation inhibited. As retaliation is usually tabooed, consciously or unconsciously, such an inhibition is the result of a fear of punishment. Therefore it is to be expected that most all psychological representatives of self-destructive tendencies are closely related to those phantasies of punishment that have been discussed already. The man who threw himself into the water because of his stifled aggression towards his sweetheart is typical.

A homosexual girl again illustrates this mechanism. She meets a former female lover who snubs her; she flies into a rage at the man whose attentions had deprived her of this

girl, stifles it, and then behaves in so unusual a way that she is immediately discharged by her employer. She then complains for weeks that the unemployment (which her own actions precipitated) has shown her inability to cope with forces within her, that she is worthless, and failure is inevitable. Interpreted in terms of the theory of instincts, this behaviour shows, throughout, the activity of that energy whose aim is destruction. She wants, first, the destruction of the man who has deprived her of love, and when this is inhibited, she must destroy herself. The psychic representatives of this inverted aggression are the acts that actually secured destruction in her profession, and later the epithets which she applies to herself.

The theory of the death instincts is that theoretical concept which Freud himself has advanced with the most caution and which is most disputed by analysts themselves, especially Ernest Jones, Wilhelm Reich, and Karen Horney. The chief arguments of its opponents are two. First, they claim that an instinct whose ultimate aim is death is antagonistic to the general concept of instinct, and that death is due to the exhaustion of the vital functions, a failure rather than a fulfilment of innate biologic tendencies. The supporters of the theory contend that this very argument is an expression of Eros which opposes the "need" to die, and that if we can emotionally and tentatively accept that possibility, there is sufficient indication of an actual drive to accomplish death as a positive aim. Perhaps this viewpoint is most simply expressed by the unmeditated response of a woman very busy at work, when she was interrupted by the philosophical remark: "Strange we work so hard, when death makes it mean nothing fifty

years from now." "That's exactly why we work!" was her lightning-fast answer.

Secondly, the opponents of the death-instinct theory claim it is unnecessary, as all evidence of a destructive impulse in an adult can be shown to be a reaction to a thwarting of a love-impulse. This is a clinical fact and is undisputed, but the supporters of the death-instinct theory contend that the observation leaves unanswered the theoretical problem of where these reactions to thwarted love derive the energy which impels the destructive effort. They agree, however, that the practical work of the analyst today is not affected by his acceptance or rejection of this theory. Freud himself rests his argument on biological rather than psychological data, and sees in destructive impulses, whether externally or internally directed, the "compulsion" of living matter to repeat, or return to, the inorganic state ("Nirvana Principle").

*Sadism and Masochism.* Whatever an individual analyst's attitude to the death-instinct theory may be, no one can question the vital role of destructive tendencies, especially unconscious ones. Yet their theoretical formulation has for years been one of the more muddled aspects of psychoanalysis, a situation which the death-instinct theory, whatever its shortcomings, has formulated and partially clarified.

This confusion was due especially to the very intimate relationship of destructive impulses with those of sexuality. This has led to clinical consideration of them chiefly as problems of sado-masochism.

The words "sadism" and "masochism" are used in sev-

eral senses. As in general psychology, psychoanalysis refers to those specific sexual perversions in which the infliction of physical pain is a prerequisite of maximal erotic gratification as "sadism," and those in which the experiencing of pain is the prerequisite as "masochism." Freud discovered very early that phantasies corresponding to such perversions were conspicuous elements of the unconscious, and subsequently referred to all such wishes as "sadism" or "masochism," without implying thereby a manifest tendency to perverse behaviour. From here it was only a step to the recognition of the similarity of many character reactions in which there was no immediate erotic goal. Chronic nagging, "biting sarcasm," temper tantrums, and similar phenomena were henceforth considered psychologic forms of sadism; and the various forms by which the neurotic attains suffering, such as inferiority feelings, painful symptoms, martyrdom, the provocation of rebukes and unpleasant emotional reactions in others, were regarded as various forms of psychological masochism Sadism (in its more general psychoanalytic sense) is, therefore, defined as the wish (conscious or unconscious) to inflict pain (physical or psychic); masochism as the wish to experience pain. They are shown in conscious sexual perversion, unconsciously perverse phantasies, as character traits and reactions, and as "*moral* masochism."

In "moral masochism" there is a need to suffer, especially in ways dictated by unconscious punishment phantasies. It is a factor in all neuroses. From this standpoint it becomes apparent that unconscious (and conscious) guilt is not only a "penance," a punishment for tabooed wishes, but at the same time a special form of sexuality.

Just as erotic sexuality occasionally finds conscious pleasure in the conscious perversions, so psychosexuality, in the broader analytic sense, is constantly manifest in psychological sado-masochism. In the form of moral masochism this aspect of sexuality is closely related to narcissism. A person, for example, who retires from other people and is preoccupied with his own misery, is both subject and object of his own sado-masochistic drives; he is both inflicting pain and experiencing pain, and he is playing the dual role because he *needs* both. He has not succeeded in achieving the normal expressions of sexuality in genital relationships to outer objects.

The man whose rejection by a sweetheart was followed by phantasies of drowning himself illustrated as simply as possible these complex relationships. His capacity for normal sexuality had been apparent in his previous relationship with her. A traumatic frustration of this, however, was not coincident with diminution of sexual tension; as there was now no object, the tension must have some other release. The result was a regression to more primitive sado-masochistic (self-destructive) sexuality. His impulse was to satisfy in one narcissistic act three compelling drives: (1) his mobilized aggression by turning it on himself, (2) his unambiguously sexual wish in a symbolic act, and (3) his unconscious guilt (moral masochism) by suffering from his own deed.

The dynamic relationships of the active and passive aims of sexuality, hostility, and unconscious guilt are always very closely interwoven in sado-masochistic phenomena.

Perhaps the most common intellectual stumbling-block

of the newcomer to psychoanalysis is this problem of masochistic psychosexuality, the capacity of the human being to experience " pleasure in pain." What is painful cannot be pleasurable, is the reiterated and logical argument, and is valid from the standpoint of the sensation of pain isolated from concomitant details. The " pleasure " of masochism is perhaps more exactly stated as those circumstances where pain is essential to pleasure, although — as, classically, in the chronic invalid who " loves " his symptoms — it is also true that one may also exploit pain for pleasure. These fine discriminations are, however, not the point. The point is that, when one considers the total situation, one must consider that ungratified libido tension always increases, and is reduced by a masochistic experience. Though the act itself may not be a pleasant one, the tension-release is unquestionably *relatively* pleasurable. The pent-up individual, commonly observed, who relieves himself by pounding his head is an illustration of the tension-reduction achieved by more complicated masochistic phenomena — such as self-mutilation, an orgy of self-depreciation, provoking a lover to lose his temper, provoking an employer who is loved neurotically.

Unconscious sadistic and masochistic phantasies are derived from infantile sexuality, with whose development they are intimately bound. Hitherto we have discussed in detail chiefly the passive aims of pregenital sexuality. Now we must recognize that there is a sadistic aim corresponding to each of these. During the oral period the child wishes to use his mouth not only to suck, but to bite. During the anal period he derives pleasure not only from passive stimuli of this zone, but from forcible expulsion. The rea-

son why the peak of oral pleasure and the first peak of external aggression (for example, in tempers at weaning) should coincide, and why the peak of anal sensuality should be accompanied by the sadistic impulses which underly such behaviour as obstinacy, defiance, cruelty to other living things, and destructive rages, escapes further analysis. This, and the coincidence of oral sensuality and an oral type of sadism, apparently are constant and constitutionally determined events of infantile development.

This fact is the main reason for psychoanalysts' difficulties in the theoretical formulation of destructive trends. Clinically there are almost no observations of thoroughly studied sadistic or masochistic phenomena which do not show a sexual as well as an aggressive component. Wherever we observe conscious or unconscious representations of a destructive or cruel trend, we find a sexual component, a pleasure-seeking aspect of the total situation; and wherever we find sadism and masochism, we find also evidence of a concurrent anal, oral, or other pregenital partial aim.

The man who had the illusion of crepe on his brother's door had the concurrent phantasy of injuring him with his mouth. The man with the severe form of defiance of all authorities manifested, coincidentally with his hatred, the powerful desire to express it by dirtying things, by being dirty, literally and in a derived sense. The first clues to these unconscious phantasies in the analysis were his imitations of flatus with his mouth, and his intentionally insolent display of dirty hands. The source of his intense hatred was later shown to be his reaction against the excessive scrupulousness of his toilet discipline in infancy.

That such anal-sadistic wishes are none the less powerful forces in the unconscious because behaviour is a scrupulous denial of them was clearly shown by a man who for a long period of analysis consciously made prodigious intellectual efforts to understand precisely each detail of the analyst's remarks and to report every association. But the analyst could observe that he himself, as well as the patient, was actually learning very little that was new and therapeutically valuable. Whenever his associations were especially "flat," he frequently placed his thumbs in a commonplace and unostentatious gesture in various angles of his clothing. The analyst finally suggested that he remove his thumbs. The patient, much annoyed, then gave mild vent to phantasies, previously unconscious, of playing with his anus and recognized that this trick was a mannerism that habitually occurred in situations where he desired, but feared, to assert his superiority over other people.

The derivatives of the normal oral sadism and anal sadism of infancy are apparent in many colloquial references to anger, such as "biting sarcasm," "henpecked husbands," "I will blow him up," "he is filthy"; most obscene expressions of derision and defiance include references to the excretory functions. The most severe case I have seen of psychoneurotic symptoms and character reactions determined by unconscious anal sadism was a woman of good family whose personality before analysis showed almost no capacity for tender feelings; every reaction to other people was impelled by conscious or unconscious phantasy either of causing them suffering or of provoking *their* sadism and thus causing pain and frustration to herself. Her general manner and boorish language were so

offensive as to violate every ideal of good taste, and she had for a time chosen to be a prostitute in order "to see how filthy human beings could be." An interesting detail of her life had been the occupancy of two apartments. One was in a good neighbourhood; she cared for it immaculately and never received callers there. The other was in an undesirable neighbourhood; she enjoyed its extreme disorderliness and general disreputability. Analysis showed that the two apartments represented, almost literally, unconscious phantasies of her own body. Her vagina was emotionally regarded, in her secret phantasies, as immaculately pure; and the capacity for voluptuous sensation there was unthinkable. But her anus was vile, and could be used sensually because of her wish to defile all men. Though physically she was promiscuous, actually she denied herself and her partners all normal genital gratification, and in those relationships used her vagina as an unconscious representative of her anus.

Oral sadism was hardly less conspicuous in this woman. On one day of her analysis she felt highly elated and wished to dance wildly; her association was that she felt as though she were strong and omnipotent, as though her very body was a penis, for she remembered dreaming the previous night of eating this organ. A violent temper tantrum in childhood had followed a glimpse of her little brother's penis.

A further illuminating aspect of her extraordinarily severe neurosis was the relationship of her sadism towards people to her "moral masochism"; though her promiscuous relationships with men were motivated by the passion to hurt physically and psychologically, she coincidentally

punished herself by incurring the aversion and contempt of all her acquaintances. As unconscious need to suffer from every aggression was worked out in the analysis, her potentialities of experiencing normal feelings of tenderness and gratitude began to appear spontaneously in her every-day life. It was then demonstrated that her previous inability to reduce libido tension, except by regressive oral and anal sadistically motivated behaviour, was due to a very powerful system of punishment phantasies, which may be condensed in the familiar: "I will be punished for any vaginal or tender feeling towards a man, even in phantasy."

Besides the oral and anal types of sadism, varieties which are characteristic of the phallic phase of infantile sexuality are important. These are especially to be observed in the problems of excessively narcissistic characters, whose dominant sensual interest is the autoerotic use of penis or clitoris, but whose capacity for object-love of the partner is limited. The characteristic unconscious phantasy of this phase is not that the penis gives pleasure, but that it inflicts an injury. Men in whose character this phantasy is a dominant determinant often represent the penis as a dangerous weapon in their dreams, as others do occasionally. They generally are inconsiderate of the happiness of women with whom they are intimate, and may either exploit them only for their own sensual pleasures or be obviously women-haters, finding their chief human relationships in the company of other men.

Many women in whose character-formation the phantasies of the phallic period are dominant lead lives based on the conscious philosophy that the erotic role of men is

chiefly exploitation of women and ignore the evidence that for many of their own sex the erotic pleasures of love are mutual. Analysis will often reveal that this philosophy is developed from the unconscious wishes of their phallic masturbation for the aggressive sensual role, and that in childhood there had been many phantasies that they had organs like boys.

Characterological evidence of the survival of these unconscious wishes in the adult unconscious is often evident in their conspicuously competitive attitude towards men. If they form warm attachments to men, their role is dominant, and if they desire a child as compensation for what they feel to be the rank injustice of being born a female, they have no yearning that it be the child of a particular man, hope excessively that it will be male and of unusual bodily and mental endowments, and seldom desire more than one. They often secretly but consciously wish it were practical to have a child without marriage.

Clinical experience shows that sadism is a reaction to frustrated wishes of other kinds and thus satisfies in one act both the original sexual impulse and the desire for revenge. In adults without severe neuroses, the frustration may be an adult trauma. More frequently (though less obviously, for the subject's unconscious role in provoking the frustration will be strongly rationalized) it is wholly the result of frustrations imposed by strong punishment phantasies. This is conspicuously so in adults whose sadistic trends are constant elements of their personality.

The frustration may be of a genital aim, as occurred in the suicidal man and the woman with two apartments; more often the sadism is a reaction to the frustration of a

passive pregenital wish. Such cases were illustrated by the man whose resentment was the sequel of denial of his unconscious wish to have his anus touched, and of the man whose marital irritability resulted from the excessive desire to have his genital gazed upon. In the pre-phallic years of infancy, sadism is always a reaction to the frustration of a passive wish — in fact, of almost any wish to be given something or to be treated tenderly. Whether a sadistic reaction may occur without such traumata becomes an academic question when we consider that the requirements of rearing cannot dispense with a denial of many of the child's demands for pleasure. Unusual degrees of cruelty and temper, however, probably occur only in children some important aspect of whose need of love is either chronically unsatisfied or chronically so over-satisfied that the child learns to accept no frustration whatever. After the phallic period is reached, it may be the frustration of an active impulse which provokes the sadistic impulse.

Before a final discussion of theoretical problems, let us pause to summarize what are apparently the definitely established facts of sadism and masochism. We have found, then, that wishes to derive pleasure by the infliction or reception of pain are conspicuous dynamic factors in the unconscious, and decisive ones in many types of neurotic reaction. We have found that masochistic wishes are intimately associated with phantasies representing the need of punishment; and that sadistic wishes are generally, if not always, the result of external or internal frustrations of passive oral and anal wishes, or active phallic and genital wishes. Sadism and masochism serve, therefore, as aims by which pleasure may be obtained — that is, like the other

aims of pregenital sexuality, they are utilized as substitutes for the genital function when this has never been attained or when it is impaired by a psychic conflict. Coincidentally with the pleasure they afford, they satisfy the unconscious needs for punishment, and often the need for reprisal. Finally, various varieties of unconscious sadistic and masochistic wishes of the adult, like other forms of repressed sexuality, are to be observed in the conscious phantasies and behaviour of the infantile period, the specific forms being determined by the dominance of one or another erotogenic zone.

*Sado-masochism and the Theories of Instincts.* Theoretically, then, in so far as sadism is one of the forms of pregenital sexuality to which genital sexuality regresses in neurosis, these facts offer no unique problems. The libido theory is adequate for the purpose and explains the tension represented by a sadistic phantasy, and the pleasure derived from its gratification, as adequately as it explains other phenomena of sexuality.

The more difficult problems of theory are indicated in the most succinct way by a marked indefiniteness of terminology. Gradually, most analysts had come to use "sadism," not only in the senses which we have defined above, but as practically synonymous with any impulse which is at all aggressive, with "activity" in general; and "masochism" as synonymous with any type of passive, unpleasant, or receptive function. In very recent years some analysts have circumvented the terminological difficulty by using such words as "aggression," "aggressive instincts." In the early pages of this book I have occasion-

ally followed this example. But convenience in terminology does not solve the problem, as is evident in the fact that those who habitually use these more general terms have never formulated with any precision what types of aggression and activity they mean, and how they differ, phenomenologically and hypothetically, from sadism and masochism. The problem has come into the foreground especially in the discussion of the differences of normal adult psychosexuality in women compared to men. Helene Deutsch (Vienna) and Karen Horney (Chicago) have pointed out that the problem requires not so much further emphasis of the normal masochism of woman as a more adequate exposition of the difference in the aims of the active and passive impulses of adults of both sexes.

A still more formidable problem of the theory of instincts is reflected in another terminological uncertainty apparent in the literature. Some contributors have no hesitancy in referring to all impulses whose major aim is injury, or any other aggression, as "sadistic." Some analysts have recently been avoiding these broader applications of "sadism" and refer to the "destructive instincts." Here again, however, though they apparently use this invention to define the same impulses to which their opponents apply the term "death instincts," and deny the soundness of Freud's revision of the theory of instincts, they propose no better way of distinguishing a definitely sadistic impulse from any other destructive trend.

The very least that can be said for the *Theory of Eros and the Death Instincts* is that it is the most clear-cut effort to solve the problems of the theory of sadism. For not

only does it solve (if only philosophically and for the time being) the theory of the relationship of the Ego instincts to the libido and of both to psychic and body narcissism; it also postulates that, though in their most primitive form the death instincts and Eros are distinct entities, in the process of development a "fusion" of the two occurs so that identical aims serve both impulses simultaneously. Fusion, therefore, has already occurred before even the earliest stages of libido function we can observe in infancy. The degree of fusion at successive stages of libido development (together with the zone of erotogenic dominance and the extroversion or introversion of the impulses) would then determine the various partial aims.

The reason, according to Freud, why direct psychological evidence of the death instincts is almost lacking is that they are "silent"; they do not manifest themselves in positive ways, in contrast to the sexual (life) instincts, which clamour for recognition. Most of the psychological evidence offered in support of this theory is, therefore, the destructive characteristics of sadistic and masochistic phenomena. These, according to Freud, when they first appear in the child are already products of a fusion, by which the same aims serve both the need to destroy and the need to obtain pleasure. But this is a partial fusion only. Complete fusion is seen only in the fully mature impulses of the normal adult; its simplest manifestation is the erotic aggression of the male who completely loves the feminine object, an act which, theoretically, is determined by the neutralization of the destructive impulses by those of Eros as a result of complete fusion. Conversely, in the immature adult there has occurred regression not only to an earlier

instinctual level, but to a level at which there is a partial "*defusion*" of the two instinct-groups.

Freud's theory permits of a simple formulation of the problems of the coincidence of suffering and pleasure, the differentiation of normal and sadistic aggression, and of sadistic and other forms of destructive drive. If one can prove that there exist certain forms of hatred and destructiveness which are not, coincidentally, regressive expressions of sexuality — and I am fairly convinced that certain manifestations of schizophrenia (the "world-destruction phantasy" described by Schilder, and catatonic rage for example) are different phenomena from the unquestionably sadistic impulses of obsessional neuroses, and the aggressions of the typical manic psychoses, though I cannot prove it — then these differences can be clearly explained as a manifestation of an extroverted death impulse with which a very minimum of sexual fusion has occurred.

The reason why the theoretical problems of sado-masochism are so unsettled is probably the fact that almost all of the clinical problems with which analysts deal, and their observations of the associated unconscious aggressive phantasies, are manifestations of either a definitely sadistic or a definitely masochistic form of the sexual instinct. It is only when interest centres upon the study of normality, on the one hand, or of psychosis and organic diseases on the other, that there is sound reason for doubting the universal adequacy of our present theories. It is not unlikely that analysis will never succeed in finding adequate data for their final solution. Freud's prediction, in 1905, that chemistry would one day identify the substances which are at

present hypothetically considered the sources of instinctual impulsions may yet be realized. Then our present theory of instincts will not only be revised, but be succeeded by proved facts. As yet the data of physiology offer neither adequate clinical nor adequate theoretical solutions of these intricate totality reactions of the human organism.

*Summary of the Theories of Instincts.* The theories of instincts, therefore, have arisen from the universal need to clarify by inductive hypothesis the relationship of cause and effect operative in the data observed. The theories, therefore, are based on the assumption that unconscious phantasies, as well as observations of conscious psychology, are the effect of fundamental dynamic forces whose sources are presumably certain unknown chemical functions of the human organism. These are called the "instincts." For the explanation of the normal and abnormal phenomena observed in the study of the simpler neuroses, it was adequate to hypothecate two groups, the sexual instincts, whose source was called "libido" and whose goal was sensual or psychic pleasure attained by the reduction of libido tension; and the Ego instincts, whose purpose was preservation of the individual, by mastery of the environment and by repression of the sexual impulses whenever the aims of self-preservation conflicted with them. Later studies of more complex problems which involved unconscious guilt, the narcissistic gratification of libido, and the special relationships of sado-masochistic sexuality to other types of aggression and to biological considerations led

Freud to revise his original theory. He then hypothecated another dichotomy of antagonistic instincts: Eros, or life instincts, from which both self-preservative instincts and the psychosexual were derived, and death instincts, whose ultimate goal during life was successfully delayed by various degrees of fusion with Eros.

# CHAPTER SIX

## THE STRUCTURE OF THE TOTAL PERSONALITY

THE THEORIES of instincts which we have discussed are *hypotheses* which explain quite adequately the dynamic forces whose effects are the actual phenomena observed in psychoanalysis and in life. The concept we are about to discuss is of a somewhat different order. It is not so much hypothesis as an *abstraction* and *synthesis* of the multitude of observations made. It bears much the same relation to the empirical data as algebraic symbols to numbers. For the concept primarily gives generic names to several categories of psychological phenomena, to one or another of which general categories each isolated manifestation of the personality belongs. Secondarily, however, it is hypothetical, in so far as these categories are considered as systems which determine and control the instinctual energies whose effects alone we observe. The so-called " structure " of the personality corresponds to the various systems of pipes and reservoirs of our hydraulic analogies (Figs. I and II).

This concept of personality structure was published by Freud in 1921 in the book: *The Ego and the Id* (*Das Ich und Das Es*).

In his earlier theories Freud had conceived of a psycho-

logical system he called *the Conscious;* this was assumed to be the seat of the Ego instincts. It was opposed to *the Unconscious,* the system consisting of sexual repressed wishes and hostile impulses repressed by the " censor," in the service of the Ego instincts.

It had become increasingly apparent that this early formulation was both cumbersome and inexact. For example, the increasing recognition of unconscious punishment phantasies had shown that at times analysts were describing a conflict between two forces (represented by infantile sexual wishes and punishment phantasies), both of which were unconscious, as a conflict between the system Conscious and the system Unconscious. Furthermore, some things that were described as elements of the system Unconscious were not strictly unconscious. Examples are: the phantasies of the schizophrenic psychosis, and some psychoneurotic phantasies of which the individual has been sporadically aware, though when his attention is focused on them in the presence of another, he disclaims them. Furthermore, many adult habits are executed independently of voluntary choice and yet are obviously not of the same illogical order as those which are neurotically motivated by unconscious wishes.

Freud now proposed a new method for generalizing all psychological phenomena, whether conscious or unconscious. Psychological data could be described in terms of three systems which together comprise the total personality. These he named the *Id,* the *Ego,* and the *Super-ego.* They may be succinctly defined as the " It wants," " I will (not)," and " You mustn't " departments of the personality. For each idea, symptom, or act could be described

in terms of these three categories and classified accordingly. Moreover, most dynamic phenomena, especially emotional tension associated with an idea, and all evidence of conflict between two opposed impulses, could be concisely and adequately described as interactions between two of these three portions of the personality. The use of this formulation for over a decade brings increasing conviction that it is not a purely arbitrary conception, but that it enables us to classify all the variegated observations of psychoanalysis in a useful and systematic way. It is a device much like the chemist's formula for molecular structure.[1]

*The Id.* The "Id" (literally the "It"; first defined by Groddeck) is the "It wants me to" or "It impels me to"[2] portion of the personality. It is an expression which describes the ultimate sources of all impulses to think or to act, that portion of the personality from which all observable effects derive the energy which makes them manifest. It is the source of instinctual drive, of emotion and tension. It therefore bears an intimate relationship to the system previously described less exactly as "the Unconscious." It comprises those elements of the personality which we refer to as primitive and unrefined. It comprises those features of human psychology which are most like the impulses ob-

1 Physicians occasionally fail to understand this concept because they confuse it with efforts to localize neurologically the various psychic functions. Psychoanalysts refer to the "structure" and "regions" of the personality for convenience in exposition, but do not imply an adequate knowledge of their anatomical differentiation

2 Dr. Bertram Lewin comments on how the nuance of this idea is conveyed by such phrases of the German language as "*Es träumt mir*," "*Es brennt mir*," "*Es freut mir*" (It dreams to me, it burns to me, it delights to me; or: It makes me dream, it makes me burn, it makes me delight.)

served in animals, a fact that is reflected by our need to refer to it ordinarily in the passive voice; we feel as though the primal impulses were not truly part of our own personality, but rather something acting upon us. So, in ordinary speech, references to what Freud calls the "Id" are most commonly used in the third person and imply no personal responsibility: "He is a beast," "That is bestial," for example. If I say: "He made me wild," *I* concede my wildness, but imply that the responsibility is *his*, although actually *he* would not have been an effective stimulus if it were not for latent primitive impulses within me. The summation of these Freud calls the "Id."

The impulses of the Id are originally independent of one another. They are not fused and organized. For example, primitive aggression is the wish to destroy or kill; it has not been fused with libidinal components which make the desire to give or to create an element of many normal acts of aggression. They are not organized, disciplined, attenuated, or controlled by morality, or by a fear of consequences. The impulses are not organized in a temporal way, nor are they dependent upon real opportunities for expression. Thus, in sequences of free associations one frequently sees how an impulse of love originating in the Id may at one instant be related to a present object, the next instant to the memory of an object of years ago, and a moment later to a phantasy of an object of the future. For example, in the following thought-sequence one sees throughout the impulse to love a woman, with a verbalization of logically unrelated objects: "I love (at present) my sister; she was very sweet coming home from school (years ago); some time (in the future) I may marry an

English girl." The instinct these associations represent is an impulse of the moment; the reference to a time is not a function of the impulse, but a rational subscript.

Besides lack of organization and primitiveness, the most striking characteristic of the Id is its subordination to the Pleasure Principle. A need is at its source a need for immediate gratification; each of its impulses acts in accordance with the principle of the simple hydraulic system of Figure I; so long as they act in full accordance with the Pleasure Principle, they represent the Id.

In ordinary life, opportunities for the observation of Id impulses which are not in a high degree organized and refined by the other elements of the total personality are rare. But it is useful to consider them as independent agencies, if for no other reason than to systematize the discussion of their discipline and control. The Id is the core of the personality, dominating all psychological reactions of the infant in full accordance with the Pleasure Principle, before he is influenced by socializing forces. The child who pulls off beetles' legs with no remorse or fear of punishment is giving direct expression to his Id, as an adult rarely can. In certain forms of psychosis, which we call "manic states," we also see an almost "naked" Id, with minimal evidence that other portions of the psychic structure are functioning. Such an individual is constantly active, constantly talking; there is no apparent rational relationship between different wishes, or between the wishes and their consequences. There is constant play of uninhibited feelings — laughter, rage, scorn — the patient one instant wishes to kiss, the next to defecate, the next to assault and injure. Such are the instinct-representatives of

the core of the emotional life of all of us, when stripped of those other portions of the personality which distinguish the emotional organization and the control exercised by normal and neurotic civilized men. In free association there is abundant evidence that at the core of even complex and highly civilized acts the impulse is primitive and possessed of those special characteristics which define the nature of the Id.

*The Ego.* Early in life, however, the individual's experience gradually leads to differentiation of perceptions of himself and his world, and of Id impulses indulged without subsequent pain and those that are psychically punished. A "precipitate" of the experiences forms, and it is this that Freud designates the "Ego." The Ego is what each of us means when he speaks of "self," when he refers to "I." It comprises those elements of the personality responsible for perceiving, knowing, thinking, feeling, choosing, and doing.

Its functions include most of those which distinguish man from animal, adult from child. They are essentially those which maintain the Reality Principle and therefore control the dynamics of the "reservoir" in our hydraulic analogy (Fig. II).[1] They serve to control the crude impulses of the Id, and to distribute this energy in those ways which ensure a maximal pleasure or egoistic gain, not only at the moment, but throughout life. The Ego is that portion of the personality which enforces repression and inhibition of instinct; it also governs those intellectual and motor functions through which the relations of an indi-

[1] See page 100.

vidual to his environment are maintained. The Ego is the *executor* of instinctual energy. It includes "will," but far more, for it includes administrative functions which are entirely independent of *conscious* volitions.

Let us illustrate these generalizations. An impulse of hate asserts itself. So far as this impulse at its source in the Id is concerned, a hate-impulse is represented, consciously or unconsciously, by the wish: "I want to kill!" Under certain conditions the Ego will direct this impulse into muscular action which achieves the death of the hated one. This is the only possible completely pleasurable outcome at the instant the impulse originates. Occasionally the Ego will check this impulse in order to satisfy it completely on some future occasion when full gratification is assured and safe. But usually this outcome will bring very painful consequences: retaliation, or punishment from without, or remorse from within. It would then be the function of the Ego to curb the energy represented in the impulse, in order to avoid this future pain. This it might accomplish by a partial inhibition; the musculature would be utilized only to the extent of punching the nose of the hated one. It might be sublimated, by expression of this wish partially, harmlessly, and pleasantly in an aggressive game of tennis. Or the instinctive wish to kill might be partially gratified in a phantasy of assaulting and injuring. If, however, it is unconsciously associated with situations which have infantile values, even the mental recognition of the wish and of an infantile punishment phantasy will be unacceptable to the Ego, and the impulse will be repressed. It will then be excluded from direct action and from conscious thought. But if it is a powerful one, the impulse, in

spite of the Ego's repression, will seek and achieve the partial outlet of a neurotic symptom.

*The Super-Ego.* The necessity of restraining the immediacy and primitiveness of the Id in one or another way does not arise, however, entirely from the danger of external retaliation and disapprobation. The restraint of many impulses, especially those which could be executed with secrecy, is compelled by authorities which are entirely functions of the personality itself. In these cases it is not fear of society, but fear of remorse, fear of the threats imposed by the phantasies of punishment, that are effective. These Freud has schematized as the third component of the personality. He calls it " the *Super-ego.*"

These intra-psychic prohibitions are not innate,[1] but like the Ego functions we have discussed are the result of development, the " precipitate " of experience. They therefore appear to be Ego functions. On the other hand, their functions are not those of acceptance, rejection, and execution, but rather of authority, prohibition, and threat of consequences. The Super-ego is, therefore, a specialized portion of the Ego, representing one aspect of the total personality function, much as, in the social organization, the courts of law dictate what shall and shall not be allowed, while the executive branches of the government make their mandates effective.

When Super-ego function is conscious, we perceive it as fear of bad conscience, or as compelling obedience to an " ideal." But psychoanalysis has shown, as we have seen in

[1] A few analysts, notably Melanie Klein, of London, believe they are innate If so, they are so rudimentary at birth, and their development is so dependent on experience, as not essentially to affect this exposition.

a discussion of unconscious punishment phantasies,[1] that the mandates of the Super-ego are not limited to those recognized as conscious morality, but include also many which are unconscious. Again we are indebted to Freud for showing that there is a portion of our psyche which reacts not only to the immorality of deeds which are consciously contemplated, but also to instinctive wishes of which we have no conscious cognizance. We may conceal a misdeed from society and escape its retaliation. But we cannot escape the reaction of the Super-ego to any impulse, even one which is repressed. The impulse may be unconscious; the guilt may be unconscious; the occasion for the punishment may be unconscious; but we cannot escape by will or logic the intra-psychic punishment, the irrational but effective penance of neurotic suffering which the Super-ego compels the Ego to impose. In some way or other, directly or indirectly, the unconscious apprehension of a guilty instinctual striving will have its due, the experience of subjectively effected pain by the Ego.

*Clinical Applications.* The concept of personality structure, therefore, defines the total personality in terms of three systems: Id, Ego, and Super-ego. Each psychological detail and observation may be described as belonging to one or another of these systems or as a reaction between them. For example, the thousands of samples of instinctive urges manifesting the "I wish" or "I need" functions of the personality are all considered examples of function originating in the Id. In our illustrative case the unconscious wish: "I want a baby," the impulse: "I hate

[1] See pages 75–87.

mother," the phantasy of impregnation by mouth, are all representatives of the woman's Id. The evidence of repression, the exclusion from consciousness of the infantile phantasies, the common-sense thought: "I should love a more suitable man," the act of seeking a therapist to cure her, all illustrate Ego functions. They show a factor mediating between the primitive impulses and the outer real world in a manner generally recognized as characteristic of maturity. Id impulses have likewise been successfully utilized for adult reactions in the normal aspects of her love-affairs, her platonic friendships, and her successful earning of a livelihood. The Super-ego is represented by such unconscious phantasies as: "You must not have a child," "You must not share father's love," "You must not masturbate," "You must not hate your rivals," "You will be cut." The analysis of the neurosis showed how the Ego had consequently excluded (repressed) the wishes for home, love, and children from consciousness and from real experience. They were impulses which the Super-ego had countermanded, and the Ego in this way had protected the personality from the pain of guilt.

At times in analysis the validity of this "psychological geography" of personality structure is demonstrated very vividly by a patient who is representing different elements of his own personality by thoughts of different people. Periods occur in which a patient will consistently ascribe derogatory thoughts about himself to the analyst, then vehemently deny they are correct; thus the lady who experienced an ecstasy in nature for weeks ascribed the exhibitionistic phantasy-representatives of her own Id as the analyst's, and herself played out exclusively the condem-

natory functions of her own Super-ego. At other times a patient will imagine the analyst's thoughts to be denunciatory; when this is not a correct intuition of the analyst's real attitude at that time, he is then manifesting his Super-ego functions in his phantasies of the analyst. Occasionally the free associations of a patient — like many other phantasies of human beings when alone and under tension — will take the form of a dialogue; analysis will sometimes show that the words ascribed to the friend represent impulses of his own Id, and his rancour the reinforced denial of his Ego that he himself is like that. Such a division of the total personality in phantasy is a vivid representation of conflict, a way of disowning hatred or shame of a portion of one's own personality.

All such mechanisms, in which a wish or a character trait or an ideal is consciously represented as something external to one's own personality, are called "*projection.*" This is one of the most common partial solutions of conflict. It occurs frequently in normal people and is the dominant psychological feature of the *paranoid* type of psychosis. It is clearly seen, for example, in acute paranoid states where a man is terrified by the delusion that some other man is eager to get him alone, assault him, and force him to engage in homosexual practices. Analysis discloses that by ascribing these wishes to others the patient is denying very active homosexual impulses within himself. Projection can also be observed in every group of adolescent boys, where one is chosen for ridicule for "playing with himself" by those other boys who themselves are secretly engaging in the practice.

Projection is demonstrated by every dream. Thus, in

representing his own erotic phantasies by Negro boys wrestling, the patient represents them by projection as external to himself. But dreams not only represent ideas, they represent them chiefly in the form of visual images; in this we probably witness nightly the most primitive form of projection, originating at a stage of development which antedates the verbalization of wishes.

One day, later in his analysis, this man mentioned that he had heard a rumour about his friend Bob. But, he declared, he could not tell the analyst what it was, because it concerned, not himself, but a friend, and what his friends did; it was absolutely none of his nor the analyst's business, he protested strenuously. As nothing else came to his mind, he was silent during the remainder of the treatment hour. At the end the analyst remarked: "In what way are you like Bob?" Then for several days the patient reported a profusion of associations which illustrated his own virtue, the analyst's "bad opinion" of him, and Bob's sins. They may be condensed as follows:

"You [the analyst] think I have sexual thoughts. You think I am vile, that I would hurt an innocent girl. You thought I had dirty thoughts when I spoke of what the boys did in school. It is the last thing I want. I've told you I chose my girl, three years ago, because she was then planning to move to California in three months. That would not give us time if I had wanted to think bad thoughts about her. Besides we had gone to school together. We hardly ever kiss. I never see the crowd of boys and girls that had that club and did things. I never think any more those things about wrestling I told you of. My girl asked me to put my car in her garage, she never had before. I

couldn't do it. I threw a cigarette butt in *her* — in — in — [very perturbed] I threw a butt in *the* fire-box."

[The patient pauses, has nothing to say. We observe the unconscious sexual symbolism of these ascetic lovers: she invites him to introduce a male symbol (car) into a female symbol (her garage); he refuses, but then introduces a male symbol (cigarette) into a female symbol (box). It is as though these platonic sweethearts were reacting, though unconsciously, by specific acts to each other's sexuality, and the probability that some association threatens to emerge and reveal this to the patient's consciousness is indicated by his sudden perturbation in starting to say "*her* box," and by the subsequent pause without reporting his associations. The Super-ego's function is aroused by this, and its function is manifest in the disturbed and irrational reaction the patient mentions next.]

He continues: "I worried all evening I might have caused a fire. Couldn't get it out of my mind. You think there is something between us — no, she's a good girl, we're just friends. I am most fond of my niece [a child]. I watch her. Sometimes I wish I could play and put my arm around her. I never kiss her. I never kiss Mother since I was grown up. We don't do those things. She's always doing things, like putting extra blankets out, saying I mustn't eat this or that, making me drink milk, and so on. Bob is so easy with his sisters, kisses them, and puts his arm around them. It's natural with sisters, isn't it? *You* wouldn't think anything of that. [With difficulty] They say he has had sexual intercourse with a girl. I don't know. . . ."

Finally we learn that the patient remembers that on the

night before he refused to speak of Bob's affairs he himself had had a noctural emission while dreaming that he held this niece in his lap.

Now the relationships of the other associations are clearer. Though in his waking life he denied it, in this dream his capacity for erotic phantasy about a little girl is not even disguised in the manifest content. His waking defence is: "Not I, but Bob, has such wishes"; and the primary, unconscious purpose of his refusal to mention a rumour about Bob's erotic life is not to keep this man's confidence, as he stated at first, but to conceal a fact which duplicates what he himself wants to do as well. He also defends conscious revelation of his dream by arguing: "It cannot be I who criticize my own sexual wishes, for I have none; it is the analyst who blames me for what is not so." (Incidentally, we now see the relationship of his sexuality to the unconscious wish for his older brother's death. That component of his neurosis had been shown several months before when the sight of a coat hanging on the door led to avoiding the anxiety incurred by walking down this street. But it was only the analysis of the defence against revealing his projected sexuality that exposed the source of his repressed hatred in intense rivalry for his niece's affection.)

In these free associations we see that, by "projections," he had presented with graphic clarity Freud's concept of personality structure. What consciously he conceives of as himself is his Ego, rejecting consciousness of certain erotic and hostile impulses and denying participation in them. The Super-ego, which compels the Ego to do this, by threatening the punishment of painful feelings of guilt,

is represented by the patient's phantasy that the analyst is condemning him. The Id, or the source of the sexual impulses, is represented by his phantasies of Bob and by his interest in Bob's activities. Thus his comments about Bob represent his own Id, and those about the analyst his own Super-ego. Without projection the same three structures would have been apparent in the free associations, though their representation would then have been more "scrambled" and not so graphically simple.

In the woman who concealed the activity of sexual impulses from herself by repressing them and discussing instead her rhapsodical love of the woods the projection of a different personality structure was apparent. A similar phenomenon is very common in everyday life, for example, in the moral aspersions of one woman on another whom she unconsciously fears is more attractive, or of one man on another whom he fears is more successful. The "Scarlet Letter" of Hester Prynne was the symbol of the cruel Super-ego of the Puritan who projected his own repressed sexuality and punished her instead of himself.

These relationships of Ego, Id, and Super-ego are the direct derivatives of the relationship of the infant to the outer world and to his parents. In the adult personality the situation of child-environment is duplicated intrapsychically by the individual features of the personality structure.

Let us review some outstanding features of childhood life and their effect upon development. We have seen how the infant at first lives entirely in accordance with the Pleasure Principle. The Ego is primitive and at first occu-

pied with the passive reception (and seduction) of gratifying stimuli.

The important factors in its maturation (besides an inborn potentiality to achieve it) are the mother (and nurse), later the father, and, to a less extent, teachers, relatives, and other grown-ups. These minister to his pleasure, and their affection and approval at first constitute his main experience of the gratifications mediated by other people. But they are also hated, because it is they who demand restraint on his autoerotic and sadistic pleasures (such as cruelty, soiling, masturbation, destructive play, infliction of pain on siblings, etc.). If he defies them, they either punish him or do not love him. At a still later stage, the Œdipus stage, he fears the revenge of one parent for his wish to take the other away. Moreover, these great people, like the giants of his fairy-tales, differ from him: they are very big, all-powerful, all-knowing. The fear of their authority is intense because they seem so powerful; the aspiration to be like grown-ups intense because they are so " wonderful " and can do whatever they will.

The various relationships of adult personality structure duplicate these attitudes with amazing exactness. Those adult psychic functions of the Super-ego which forbid and limit impulsive gratifications and, if unheeded, bring mental punishment (suffering) reproduce the roles of the parents towards the child. But the Super-ego is also loved, regarded as wonderful, as it were; and this is the basis of idealism — the wish to be like an ideal, the striving for an impossible perfection.

This is more than a plausible theory. When other evidences of Super-ego function are defective in the total

personality of an adult we actually observe that his emotional relationship to the environment is very much more like a child's than that of other adults — a naughty or abnormally good child's. The analyst and scholar Hanns Sachs has pointed out how apparent this is in the personality of the Roman Emperor Caligula, whom the Romans themselves called "Little Fellow." His life was one of ruthless violation of all normal taboo, the perpetration of erratic, impulsive acts of rage and cruelty, the invention of childish games to play, actual incest, and utter disregard of consequences. Similar characters are seen today among certain psychopathic personalities, who, though intellectually and physically mature, commit antisocial acts, pass bad cheques, commit forgeries, run up bills, insult people, incur imprisonment and commitment to mental hospitals, though perfectly aware *intellectually* of the nature of their acts and their refusal to accept the responsibilities which other adults assume. When questioned, they show neither a guilty conscience, nor any will to curb their impulses in order to avoid the consequences. They merely wish to do what they want to do when they want to do it; they are grown-up children of the Pleasure Principle.

One such man illustrated neatly his childish phantasies of being like powerful grown-ups by having on the letterhead of his fraudulent company: "I am not Napoleon, I am not Cæsar, I am not the President, but what I *will*, I *do*." (An insane man would have omitted the "nots" and believed himself to be Napoleon; the man with the neurotic tic already cited had repressed the phantasy of being Napoleon and did not know he had ever experienced it, for it was represented consciously only by the symptom.) An-

other psychopathic individual was constantly occupied with inventing devices which gave bizarre gratification to his pregenital sexual wishes; for example, a rubber balloon worn under his trousers to catch his urine. At unsuitable moments he would remove it from his trousers and display it with great pride — like the behaviour many a mother has observed in a little boy's feeling of prowess in making water. The balloon also enabled him to enjoy the characteristically childish pleasure of urinating whenever it pleased him.

In contrast to such defects of the Super-ego we have in psychoneuroses and certain character types a Super-ego which acts as an excessively harsh and cruel parent. An extreme case was illustrated by the woman who occupied two apartments; her parents had actually been very excessive in disciplining her as a child. A less extreme example is beautifully illustrated by the missionary in the popular drama and film *Rain*. The authority, the cruelty, and the reverent wonder for the ideal parent within him (Super-ego) were perfectly represented by the authors. The inner authority said: "You must not love a woman sensually," and he banned such thoughts from consciousness and expressed them by the projected tirade against the heroine's sexual sin. The cruelty of his acts of duty lead to the ruthless demand that she should suffer, and his complete submissiveness to a powerful ideal, represented in his religion, gives him an eloquence which converts the girl. When finally the force of his love for her (his Id) compels recognition of his sensual phantasies, the ensuing torments of the soul (conflict of Id and Super-ego), whether to gratify his instincts or obey his duty, are solved only by

suicide by drowning. The dramatists have presented the same intra-psychic conflict and solution as that of the patient who threw himself into the water: the taboo of winning his sweetheart from a rival had activated the "no" of intra-psychic authority, and paralysed adult masculine function. The only basal differences are that in the fictional missionary the conflict is perpetual and decisive in forming his character, while in the patient it was an acute and temporary problem, and that the dramatists did not have the opportunity to analyse the *unconscious* "purpose" of the act of drowning.

*Identification, Punishment Phantasies, and the Super-Ego.* Freud has also described in detail the unconscious "mechanism" by which certain attributes of a member of the environment becomes a portion of the personality and functions henceforth as a constituent part of the Super-ego, independently of the actual environmental relationships. Freud calls it "Identification."

*Identification* is a constantly recurring psychological phenomenon. A woman during analysis becomes depressed and complains that she knows herself to be evil, shallow intellectually, and without personality assets. After some analytic work, she spontaneously refers to a rival of her sex by identically the same terms as she had been referring to herself. When this identity is indicated by the analyst, the patient then becomes aware that she had repressed the wish to be like her rival, but talked about herself as though she actually were. Her depression was the result of her verbally mistreating herself as though she were that woman.

In children's play one sees identifications constantly occurring: a child is given a paper hat by a grown-up; a second child envies it, wants to be like it and be given something, and makes itself a hat. The medical student admires the skill of his teachers, the great physicians of history, and envies them their superiority; subsequently one sees the emotion of the wish to be like them, its value in the momentum this ideal gives to the student's aspirations — and also in the rigid, irrational denial of scientific value in psychological data. He serves his ideals, which are derived from identifications with teachers whose talents he has both admired and envied. The boy imagines he is Jack the Giant-killer and the next day plays he is the giant with smaller children. Identification is shown by the patient whose arm-tic is a fragmentary representation of his identification with Napoleon and of the real grown-ups in his childhood life whose seeming power Napoleon represented. Man and wife share a mutual devotion, interrupted by occasional spats, and gradually become more like each other, prefer the same food, take over each other's idiosyncrasies of speech and even, occasionally, physiognomic features. The patient who in early adolescence envied the children's mother showed her unconscious identification by developing the same lumbar pains of which the mother complained.

Identification is a spontaneous process which serves as the most common and adequate solution of an emotional problem arising from love and hatred of the same object, though this "ambivalence" need not be conscious. The most constant and important of these problems occur at the acme of childhood sexuality, and the role identifica-

tion has played in reducing the tension of this problem is apparent in the predominance of activities and phantasies of being like the rival parent (identified with him) in subsequent years. The little girl plays with doll babies, the boy behaves like father.

The significance of the role of identification in development is shown most completely by analysis of Super-ego functions. At the same time as children's activities outside the family circle become conspicuous and adults can trust them with considerable supervision of their own lives (the first school-years), effective Super-ego functions first become clearly manifest. The most obvious outward indications are the amnesia for the infantile period, conscience, and a markedly increased respect for law and ethics enforced entirely by intra-psychic scruples. The child has "identified" with the parents and now of his own accord does not do nor think what they previously forbade.

Repeatedly analysis discloses the real origin of the adult's Super-ego functions in the relationship to authorities in childhood. Associations which represent them will sometimes reproduce with surprising exactness the words of parents to children. But the most conclusive evidence of the ontogenic relationship of Super-ego and real parents is the anxiety which appears when the unconscious punishment phantasies have become very active and conscious in the current emotional life. Patients then begin to speak, not of feeling disgusted or ashamed, as previously, but of being afraid. Sometimes there is a temporary phobia. Often there are many nightmares, or groundless fears of insanity. Analysis of these fears shows that

they are repeating, sometimes literally, fears which originated in the first five years of childhood. The woman with the speech difficulty recalled the fear of being decapitated as her parents had decapitated chickens. Another patient dreamt of shears and eventually recalled that at the age of four he was terrified by being told that naughty boys who " played with themselves " would have their noses cut away. A man at a similar period of his analysis recalls terrifying dreams of revolving spirals when he was very little, and his father's taking him into the parents' bed to soothe him. Still another fails to solve the unconscious origin of his anxiety phantasies — for example, fears of dead animals — until one night his three-year-old boy awakes in terror and reports a dream of crocodiles rushing at him. He feels as though the boy's experience was his own, and recalls his own night terrors, before the age of five, of robbers entering the room. Finally a detail of these dreams of infancy, that the robbers always had red eyes, is associated with the fear of the red eyes of angry real people and particularly his grandfather when in a temper. An abundance of material further demonstrates an infantile terror that his grandfather would bite him; the thought: " grandfather " had been displaced in his dreams and phobias by animals and robbers. It is the same type of phobia which is common in infants, and was first studied intensively by Freud in the five-year-old's fear of horses.

If, therefore, the conscious sources of guilt and feelings of inferiority are analysed to a point where the unconscious infantile sexual phantasies become conscious, the guilt will be replaced by anxiety and the reproduction of fears of infancy. Not only are the basic elements of the

Super-ego the " precipitate " of identifications with parents, but the unconscious guilt and " fear of conscience " are shown to be similarly derived from the actual original fear of the power and the punishments of these grown-ups.

Thus psychoanalysis has shown that those aspects of the personality which represent the authority of society within the personality are developed by a cumulative unconscious process of identification. We have in all those aspects of *voluntary* behaviour which are the *sina quo non* of maturity a Super-ego which says: " Thou shalt not." The intrapsychic functions which compel the normal adult to behave with considerable conformity to the demands of his fellows are modelled upon the parents and other authorities of the child's environment. If the child disobeys he is punished; if the adult disobeys he experiences remorse.

But the functions of the Super-ego are more complex than this, because the emotions of the child are more complex than a simple fear of punishment. He loves those who may punish, and the correlate of this is shown precisely in adult idealism; not only does the adult Ego strive to avoid guilt, but he performs many duties to serve an ideal. These so-called higher aspirations of the human soul are a continuation of what the child will renounce to assure himself of love.

The formation of the Super-ego by identification is a continuous process and never completely ended. Those factors of social adjustment which distinguish the particular portion of society to which an individual belongs are those of the latency period (sixth to twelfth year). It is after the child has gone out from the family circle and

is profoundly influenced by the daily human associations of schoolroom and playground that he builds by identification with those he loves, hates, and emulates the rudiments of his own particular " philosophy of life." The resulting blends of identifications of this period determine those standards of caste, of religion, of race, of culture, which are so decisive in the social configuration of the adult. Still later, identifications with personified ideals, those of art and philosophy, for example, add their components to the final character.

But it is in the years preceding his extensive experience of the world beyond the home that the fundamental elements of character, the conformity of the individual to the *universal* restrictions of society — the taboos on murder, cruelty, theft, and sexuality, for example — are established. And it is also in large part the identifications formed in those years that determine the specifically individual features of adult character, the specific ways in which he reacts to primitive stimuli — the degree of moral stringency, self-sacrifice, idealism, and repression which determine, in large part, the relationships of adult life. In one individual the authority of the Super-ego is excessive, and the adult is a rigid, impliant type, an impractical idealist or a psychoneurotic. In another it may be inadequate, and the adult will defy social customs with guiltless impunity. Just how these characters of the adult's individuality are related to the love and discipline of the family circle of his infancy, only a very thorough analysis will disclose. For it is not only with those traits which are most apparent in the members of his family circle that the

child "identifies"; this unconscious process is determined to a great extent by the unconscious portions of the parents' Super-ego, and even by phantasies of the parents which are real to the child and emotionally experienced, but actually not characteristic of those he is phantasying about. Conspicuous traits of many personalities — for example, excessive unselfishness, over-solicitude, etc. — are often fulfilments in adult life, not of the child's wish to be like a parent, but of his wish to be like the person the child phantasied the parent should be.

A thorough analysis of the unconscious generally gives a fairly complete picture, not only of the mechanism of identification itself, but of how it happened that this individual as a child identified with this or that trait of the personalities about him. It is only such analyses that disclose convincingly how much of various family resemblances are transmitted to the child psychologically in his early years — a sort of "psychological heredity," as it were. Its importance in most human things is certainly not second to transmission by the germ-plasm, though it is equally true that no individual ever becomes anything — desirable or undesirable — unless his constitutional endowment provides the potentialities for such development.

Analysts have frequent occasion to observe how many of the subtleties of a person's mannerism and gesture are residuals of the early relationships of life, facts which would escape observation without the unconscious material.

Psychoanalytic investigation leads one to regard the hereditary factors of personality as usually predetermined *potentialities*, not as *inevitabilities*. Heredity is the flour

and the water and the yeast of human nature; environment is the baker; and the mixing-bowl and oven are the earliest years of life.

The Ego, and especially the Super-ego, are therefore the products of identifications, the precipitates — which become a part of one — of a multitude of previous relationships. And identification is a process of making another personality, or certain attributes of another personality — subjectively and often unconsciously appraised — one's own. It is one mechanism by which human beings solve tensions — the commonest method when two ambivalent drives — activity and passivity, or love and resentment — are in conflict.

In childhood it is the normal solution; it has occurred when the little girl, struggling with concealed envy of the new baby, turns to her dolls with enhanced delight; and when the boy, reprimanded by his father for a presumptuous act, zealously plays he is a policeman.

The analysis of punishment phantasies has shown us the fundamental impetus to identification. Whenever a trend provocative of guilt is made conscious, this guilt itself may be shown to be a derivative of anxiety. Fear of psychic punishment — remorse, sense of inferiority, etc. — is originally the anxiety that retaliation will be inflicted from without, and the source of this buried anxiety is one or more of the primitive punishment phantasies we have discussed, one of those phantasies derived from the appalling sense of helplessness of the child relative to grown-ups, and from his experience with their hostile attitude to many of his impulsive pleasures.

The indispensability of self-contained morality and the

pursuit of ideals for adult life, and their intimate relationship to early rearing, are obvious from everyday experience. The special value of the psychoanalytic contribution to the unconscious origin and functions of the Super-ego is in enabling us to deal more effectively than is possible by renewed preaching and discipline with those individuals where the Super-ego functions are not entirely advantageous. As it is the Super-ego of the neurotic adult which the Ego heeds in affecting repression, the Super-ego is obviously an important aspect of every neurosis. Either the demands of the Id are excessive, or the stringencies of the Super-ego are. In either case there is a struggle of instinct and ideal which is manifest in the constant complaint of most neurotics: "If everybody weren't so civilized, I could be happy." It is those functions of the adult personality generalized as "Super-ego" that compel a person to suffer psychically, either by enduring an unsolved tension or by punishing himself for not enduring it. Uncover fully an unconscious sexual or hostile wish by analysis, and you uncover a taboo; and one task of analytic therapy is to give the patient the opportunity, by making the conflict fully conscious, to solve it in some degree in a more normal way. A Super-ego constantly engaged with the more infantile drives of life is fulfilling its useful function of promoting the social welfare of the individual no more adequately than the ideals which drove the crusaders to crush the pagans promoted the general welfare of their homes.

A Super-ego which is so strong as to ban normal expression of a large proportion of the Id impulses will give rise either to neurotic symptom-formation or to harsh and

rigid types of personality whose social function and love-life are correspondingly limited.

*The Anxiety Theory of Psychoneurosis.* The chief elements of the "structural concept of personality" are, therefore, abstractions of empirical detail. But now we must again consider certain aspects of psychoneurotic dynamics which are more definitely in the realm of theory.

Early in his investigations of psychoneuroses Freud had become interested in *psychoneurotic anxiety* (anxiety without adequate external stimulus). This is a very common manifestation in all neuroses, and the outstanding one of phobias. Freud differentiated all neuroses where conscious anxiety is a conspicuous symptom (previously grouped together as "anxiety neuroses") into two groups which were fundamentally distinct, symptomatically and etiologically: the "*actual neuroses*" (of which "neurasthenia" is the best-known) and "*anxiety hysteria.*" In the actual neuroses the anxiety is not referred to some specific external stimulus; its symptoms may be an inexplicable terror, a general uncertainty and chronic worry, or only the physical symptoms of anxiety, such as palpitation and sweating. He concluded from his studies that the actual neuroses are caused by toxæmia resulting from arbitrarily impaired sexual function. The most common causes are the practice of coitus interruptus, very excessive masturbation, and complete abstinence. This theory of actual neuroses has not been modified, though it leaves unanswered the problem of why the victims of actual neurosis had not developed a normal sexual life.

"Anxiety hysteria" differs clinically, especially in the

fact that the conscious anxiety is ascribed to some specific thing or situation — the individual fears to encounter a person, an animal, a street, the darkness, etc. Freud found by psychoanalysis that the etiology of such cases was not primarily toxic, but psychological. They presented the same types of conflict between unconscious sexual and punishment phantasies as did the usual "conversion hysterias," where the symptom is some pathological function of muscles or sense organs. He first explained these facts by the theory that in certain individuals the libido associated with a *repressed sexual phantasy is "converted" into a physiological symbol,* and in others into *the conscious affect of anxiety.*

This theory of "anxiety hysteria," however, had a much wider application than the explanation of one type of symptom. For it was also constantly observed in psychoanalysis that when a previously unknown sexual wish became conscious, a feeling of anxiety, accompanied by transient phobias and nightmares, identical with the symptoms of anxiety and hysteria, appeared. Freud concluded that when these phenomena occur together, there is a conversion of sexual emotion into anxiety. The emotion which signalizes libidinal tension is still manifest, but changed in conscious quality.

The most important feature of the book *Inhibition, Symptom, and Anxiety,* published in 1923, was the partial retraction of *this* theory that anxiety is a "conversion of affect." The anxiety of hysterias and of the phobias of childhood and the transient anxiety symptoms which occur during the analysis of other psychoneuroses, Freud now stated, was *not* converted libido, but *always actual*

anxiety. Psychoneurotic anxiety, however, was not the result of a toxæmia, as in the actual neuroses. It was like rationally conditioned fear, except for the one fact that there was no adequate rational external stimulus. In neurotic anxiety, danger was intra-psychic, a phantasy. It was a signal for defence, not against something tangible and external, but against an instinctive impulse. It was a signal for defence against a *wish* which might have actually been punished if it had actually been gratified in infancy. For example, the anxiety of the patient with speech difficulty was a signal that she would be punished for infantile phantasies of having a baby. Again, when a patient sought help because he was in a panic lest people think him homosexual, analysis disclosed that the danger was a sexual impulse of the patient towards a homosexual object, the unconscious phantasy was that he would be like a woman, and the anxiety was a signal for defence against an impulse which produces so terrifying a phantasy. This theory, if it be a theory, is at present universally accepted by analysts; for it makes most intelligible the synthesis of their observations.

*Anxiety and Psychoneurotic Inhibition.* Though defence against the threat of infantile anxiety is the primary purpose of all neurotic reactions, the type of defence will differ with different conflicts and in different types of people. The simplest defence is one of *inhibition.* In order to avoid anxiety, a single act, a complex social function, or the acceptance of situations where such acts or functions are avoided is inhibited. The man who blamed for his difficulties the rigid Puritan philosophy of his New

England family illustrated extensive inhibitions of his personality. He suffered from defective incapacity for self-assertion in his professional relations with his clients and in his social as well as erotic activities. He was only cured both in his acts and in a general masculinization of features, voice, and gesture when a series of primitive unconscious phantasies of *destroying* with his penis had led to the release of unconscious anxiety phantasies that his penis would be bitten off by a woman. The generalized inhibition of psychic functions had, according to this theory, been a protection against this anxiety prior to analysis.

A second type of defence against anxiety, often combined with the former, may be called "*retreat to narcissism.*" To avoid the anxiety which threatens when impulses to love genital objects and friends are conscious, the individual may renounce love and camaraderie, and is then compelled to find pleasure predominantly in his own attributes, his phantasies, passive pleasures, and what he can induce other people to do for him. The man who was insolent to superiors, as soon as he began to love them, illustrates such a case. A very extreme example is that of a man who practically adopted, literally, the life of an infant cared for by his mother. For several years he stayed alone in bed, saw almost no one except her, would eat scarcely anything but milk which she brought to him, and forced her to carry off his excretions from the bed on diaper-like papers.

*Anxiety and Hysterical Conversion.* In the psychoneuroses, as we have seen, other mechanisms are utilized which

are not so appropriately called "retreats" or "escapes" from anxiety. They may be said to "bind" anxiety by symptomatic, instead of direct, gratification of the wish.

The first of these mechanisms is to be seen in the *hysterical "conversion"* symptom, where the requirements of the Id and Super-ego — that is, of instinct and unconscious guilt (anxiety) — are satisfied coincidentally by conversion of the wish into an abnormal and unpleasant physiological function. We may cite the example of a functional headache in a man. In mentioning it the first time, he commented casually on the fact that he never made any attempt to reduce the vicious pain by sedatives or towels. Among his other associations were these: The forehead is conspicuous anteriorly like the buttocks posteriorly. Being spanked. When he was five, a little girl was crouching in a wagon so that he saw her bare behind; poking his head out from behind a barrel and being painfully struck in the forehead by a stone thrown by another little boy who was his rival in gaining from this little girl the privilege of seeing her naked parts. His mother's temper, her "socking" him over the head when he was naughty, her kind protection of him when a neighbour's wife tried to abuse him.

From these fragments we begin to discern an unconscious emotional relationship of the headaches to sexual experiences of early childhood and to experiences with his mother. Some of these represent satisfaction of his childhood love-needs, and others somewhat brutal punishment by her. A great deal of material in the analysis also shows a very strong masochistic tendency, the capacity for pleasure in pain; this child, for example, had found intense

satisfaction, not only in his mother's protecting him, but in her mistreatment. The beatings were to the child evidence of her strong emotional bond to him.

These hints of a relationship of the headache to these childhood experiences were confirmed a few days later by a dream whose memory made a powerful impression: "I dreamt I was stunned by a blow on the head! I awoke in terrible fright!" Immediate associations are few, but significant. He recalls, as a boy, he took lunch to his father, a trolley-car motorman. One day the trolley was at the end of the line. The boy took the iron lever and stuck it in the switch. He suddenly recoiled in horror, feeling certain his father had struck him over the head; yet his father was some distance away. Could it be an electric shock from the cable connecting the two cars? He then said that he often spent hours taking out and putting in the electric plugs at home. The trolley switch, like these plugs, reminds him of a woman's organs, one part going to the vagina, the other to the anus. Sticking the lever in the switch was like inserting the penis. His father was a good motorman; the patient hated him for being always punctual, never losing a day's work. And so forth.

The dream is, therefore, a repetition of a fragment of an actual forgotten experience which itself was tense with stored-up emotions of the guilty infantile period. In this the symbolism of playing motorman and inserting a lever in a trolley switch was a fulfilment of sexual wishes which are clearly differentiated from those of an adult type by their relationship to the infantile feelings towards the parents. Of this the patient was unaware, but nevertheless they activated the punishing function of the Super-ego.

Thus the patient endured as acute a punishment in an involuntary, vivid hallucination that he had received a stunning, cruel blow upon the head as though this punishment had actually been inflicted from without. In the hysterical headaches, both the expression of the unconscious wish to be treated sadistically by his mother (a phallic displacement) and the need of punishment are satisfied by the same symptom-formation ("condensed"). It is a typical neurotic compromise between the two tensions represented by sexual wish and punishment phantasy. This enables us to understand how the patient, suffering from his headache, but not cognizant of its unconscious motivations, nevertheless accepted the pain and made no effort to relieve it. The pain was real and violent, but it was easier to endure than the unresolved tensions which were represented in his unconscious phantasies.

*Anxiety, Obsessions, and Compulsions.* The second psychoneurotic mechanism of escaping guilt or infantile anxiety is the gratification of instinct and of guilt in alternating symptoms. This is the way of the obsessional and compulsion neuroses, closely related conditions in which a more or less large proportion of psychic energy is squandered in the constant repetition of useless acts or of absurd thoughts. These are clearly distinguished from psychotic behaviour and delusions by the fact that the patient is completely aware of the futility of the acts and the irrationality of the obsessions, strives to dispense with them in order to accomplish more satisfying tasks, yet cannot do so and is psychically compelled to repeat them over and over. Psychoanalysis has shown that compulsions

are of two kinds: one group of these symptoms are the expression, by either an act or a thought, of repressed wishes; and the other are symptomatic "penances," "atonements," designed, like religious prayer, to ward off the punishment of the psychic arbiter of "justice."

An example of the first type is illustrated by a woman patient who complains for a moment that the words: "They turn up" keep coming constantly to her mind. She is greatly annoyed because the words have no sense at all; such foolish words without a meaning are too trivial, she declares, quite rationally; she shouldn't waste any more time talking about them, for there is much important work to be done in the analysis. The analyst recognizes that her emphasis on the triviality is a defence against some unconscious trend, and that her wish to leave consideration of the obsession and discuss instead something which seems to her excellent rational faculty really important is actually an escape to superficial considerations. So he urges her to think of the words: "They're turning up" and tell what comes spontaneously to her mind. She protests, but after many derogatory remarks concerning the analyst's inefficiency and stupidity, a memory-picture comes to her mind. She recalls a visit to an aunt when she was twelve. The aunt and she bathed together, the patient in the front of the tub. She recalled her wish to look at her naked aunt, the resistance to the wish. Later she watched her aunt drying herself with a towel, and recalled the vivid impression when she momentarily glimpsed the older woman's breasts, and her tense curiosity in noting how the points stuck up. Then the patient went on to tell of her envy of the bodily development

of a sister two years older. The two had talked much together in those years of puberty. Her sister constantly teased her with having the figure of a boy; and, indeed, the immaturity of the patient's bodily development had persisted until adult years and had been the cause of grievously unsatisfied vanity and shame to her. Further associations disclosed memories of earlier years, and especially feelings of earliest childhood that her sister had all that she herself desired, especially most of the attention and approbation of their father. She then recalled how at the age of four she had bathed with her sister and at the same time compared their bodies to their mother's. She felt as though she could re-experience the childish intensity of her interest in her mother's mature body, and some vague realization that there was a connection between this and the type of attention bestowed by her father on her mother. At any rate the memory of her bitterness that she must sleep in the children's bedroom and so not have her mother's opportunity to remain with her father uninterruptedly was very clear.

Here a significant train of events, memories with a common emotional basis which had been unconscious before the analysis, is revealed. We see how the senseless thought: "They turn up" is an expression of a deep-seated desire. From a vast storehouse of emotional experience one single detail of the unconscious thought emerges to consciousness and takes over the instinctual energy of the whole unconscious trend. In the obsession to think over and over this senseless thought the passion of puberty to have breasts like her aunt's, the unsatisfied longings to be possessed of the charms of her sister, and at the same time the

survival since infancy of a longing to be made like her mother and not be excluded from the father during the night, all find a symptomatic expression.

We may illustrate the second type of compulsion symptom, that which protects directly against the guilt of infantile impulses, with a passing detail from the analysis of a man. At certain moments during treatment hours he would begin to speak with that heightened effect which characteristically accompanies the production of unconscious material in an analysis. Then he would abruptly cease talking altogether. If asked to continue, he would remark that there was absolutely nothing in his mind. Then he would begin to say: "I am looking at the wall. Imagining figures — 1, 2, 3; 1, 2, 3; 3 is a prime factor; 3, 5, 7; 3, 5, 7; 3, 5, 7." This was of special interest, because such a use of figures we know empirically to be the commonest manifestations of an obsessional neurosis. The man had had no conspicuous symptoms of this type of neurosis, and yet we were observing the actual origin of a typical though transient symptom during the treatment hour. The next day he recalled that he had recently performed a similar type of obsessional thinking in everyday life. He would sometimes stand before shop-windows and memorize the price numbers. Then, on his way home, he would repeat over and over the words: "17 — 95, 17 — 95." His next associations were that he took particular pleasure in walking about streets on a windy day; trolley-cars; his interest in a lady's stockings while riding in one the day before. It then occurred to him for the first time that the shop-windows where he began his obsessional counting were always those where lingerie was displayed.

He now recalled a passionate interest in schooldays in secretly playing with the underwear of an aunt whom he visited, and then similiar play in early childhood with his sisters', three and four years older than he. We now see how the repetition of price labels is essentially a defence against recognizing the emotions and phantasies aroused by the display of lingerie in show-windows. The thought of the windows attracts him, the reason must be repressed. The guilt is strong enough to require such a neurotic defence rather than a normal reaction of pleasurable phantasy or turning to other activities; this is explained by the intimate relationship for him of lingerie and a tabooed childhood sexual interest in his sisters. The supposition that association between the two indicates that a similar purpose is fulfilled in counting 1, 2, 3, and 3, 5, 7, during treatment is confirmed. Having overcome the obstacles to conscious recognition so far, he now tells us the associations which previously had been disavowed and restrained by the device of substituting a defensive obsessive counting during the treatment itself. The first time this occurred, he now states, was after the sudden recollection of sexual play with his younger sister at the age of four or five. This he had wished to forget immediately, before there was time to communicate it to the analyst.

*Anxiety and Manic-depressive Psychosis.* Still another symptomatic solution is seen in the more serious and less understood "manic-depressive psychoses." Here, during one continuous epoch of the disorder, lasting from hours to years, the primitive instincts attain conscious, unrestrained expression. But such periods alternate with cor-

responding periods of depression, which are essentially the expression of intra-psychic punishment. The mood is one of unabated suffering, there are few moments of pleasure. The thoughts and verbal expressions reflect clearly the urge to self-condemnation. The sufferer deplores his uselessness, his unequalled sinfulness, the fact that there is nothing in him or the world about him which is not ill for him. The need of punishment in such a condition often attains so dominant a role as to lead to suicide, the self-destruction of the sinner. In terms of our structural generalization, the manic phase shows dominance of the Id, the depressive phase dominance of the Super-ego over all other functions; and the conflict is solved not by a compromise — a neurotic defence — but by *alternate* dominance of the two drives.

*Summary.* In whatever way we approach the problem of psychoneurotic symptoms and character-formation — provided we neglect no opportunity for appraising the unconscious factors — we find they are means of solving conflicts that cannot be solved without repression. If we examine the simple data, we find a conflict of unconscious wish and punishment phantasy. If we interpret this in terms of the fundamental instinctual drives involved, we find a conflict of libido and those instincts which serve the Ego. If we formulate this in terms of our structural concept, we find a conflict of the demands of the Id and the authority of the Super-ego. In every case the factors involved — repression, regression, symptom-formation — serve to defend the Ego in its service to the Reality Principle, even though, at the same time, Ego efficiency itself is

impaired by the energy withdrawn from its mature functions by the conflict.

The final point in Freud's gradually developed explanation of the neurosis is that it is the imminence of anxiety which sets those defensive mechanisms at work; that, even as " real anxiety " is a signal for defence against external danger, neurotic anxiety is the signal for defence against internal danger — the psychic consequences of unbridled infantile gratification.

The basic data of this final conclusion are those features observed during the analysis of all neuroses which are like the dominant symptom in cases of anxiety hysteria — namely, the formation of a phobia. Thus a phobia is a tentative defence, because it displaces the real stimulus, and the individual can then avoid the anxiety by avoiding whatever phantasy object is now the adequate stimulus. The boy with the horse phobia could not avoid neurotic anxiety regarding his father because he could not effectively avoid his father; he could avoid seeing horses when these became surrogate objects by displacement. Phobia is, therefore, an abortive, uncompleted form of neurosis, and the preliminary stage of all symptom-formation. The proof is that when one analyses thoroughly the unconscious sources of such a symptom as the headache or the speech difficulties of our illustrative cases, phantasies or memories occur accompanied by anxiety. When one analyses a wish-fulfilling obsession or compulsion, one makes the same observation, and when one peremptorily prevents the execution of a compulsive ritual of atonement, its protective function is disclosed by the immediate appearance of anxiety.

Freud does not entirely revoke his earlier theory that neurotic anxiety is a conversion of libido. This occurs in the actual neuroses, and it also occurs in psychoneurosis secondarily to the inhibition of sexual function by the purely psychologic factor. There is apparently, therefore, a vicious circle, studied especially by Wilhelm Reich, in which the inhibitions caused by neurotic anxiety lead to "toxæmic" anxiety, and "toxæmic anxiety" to further psychic conflict. But this is subsidiary. The main factor is that anxiety appears to be the affect whose avoidance is so imperative that the Ego will utilize all the resources essential for defence before it will seek to fulfil its other functions. The functions of rational appraisal and voluntary conscious decision are among those most easily renounced, and to control a neurosis of any severity at all by developing these through instruction is nonsensical. The danger which is phantasied is internal, it can be escaped only by repression, and the only adequate device for attenuating the force of the still imperative instincts is then neurosis-formation. If even this fails and the Ego itself is not equal to the task of maintaining the repression, the renunciation of the Ego's reality-testing function may be the only last resource. A manic-depressive psychosis solves the conflict by permitting both sides of the conflict to discharge themselves alternately. If the personality is not capable of this solution, there is regression to still more morbid psychoses in which no practical relationship to reality is retained.

*The Total Personality and the Theory of Instincts.* In Figure III we represent schematically the abstractions

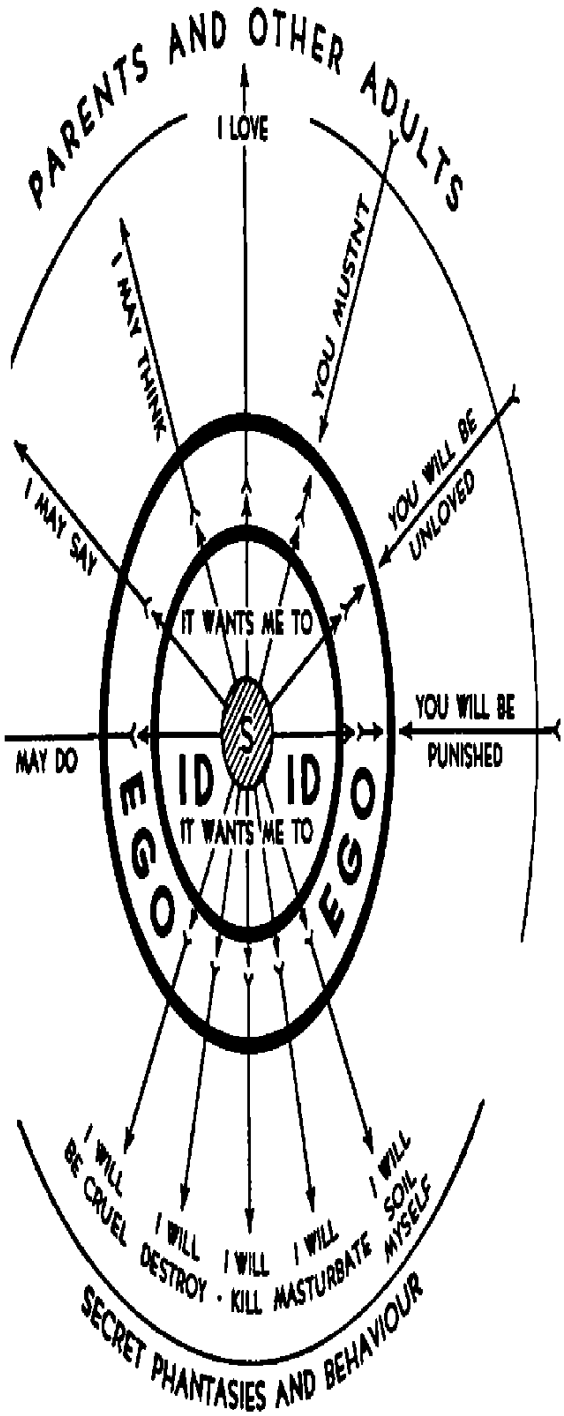



FIGURE IIIA: THE INFANT

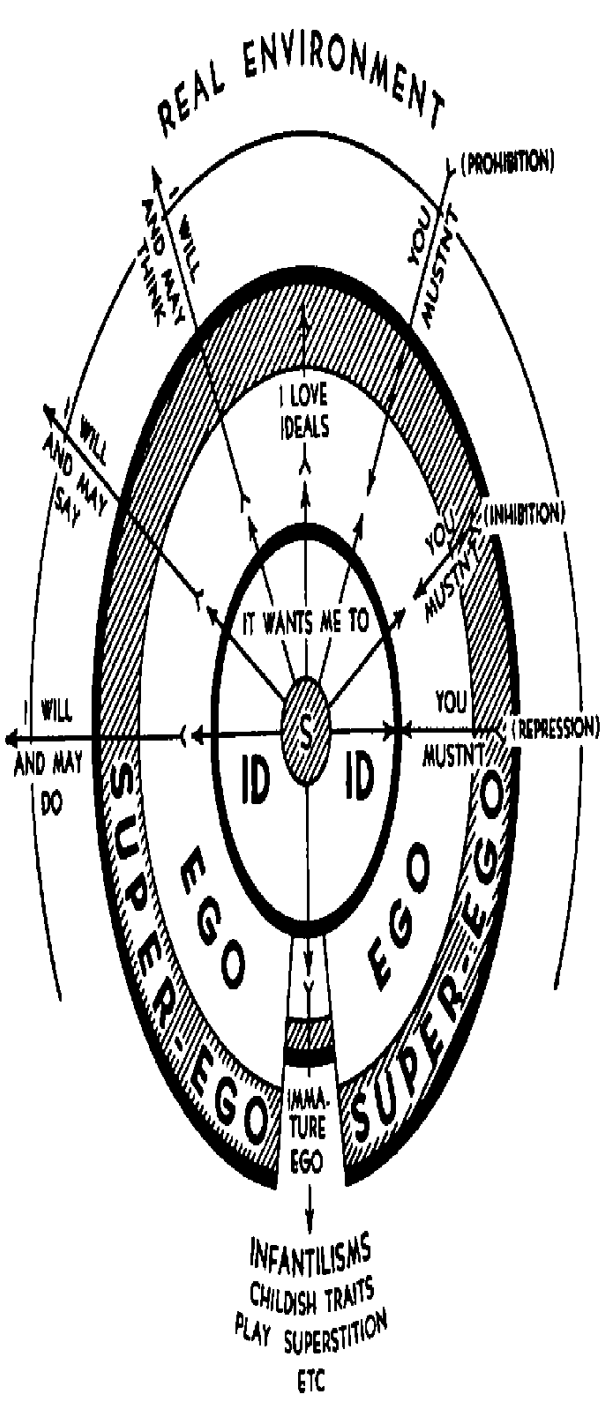
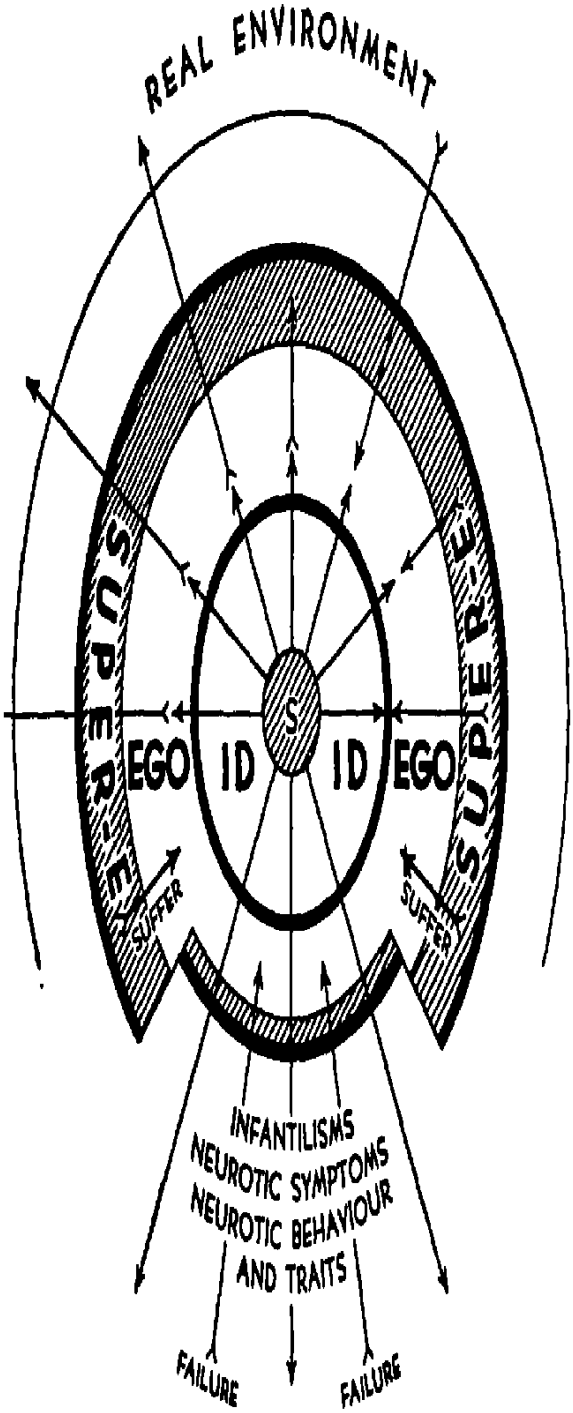



FIGURE IIIB: THE NORMAL ADULT




IGURE IIIC: THE PSYCHONEUROTIC ADULT

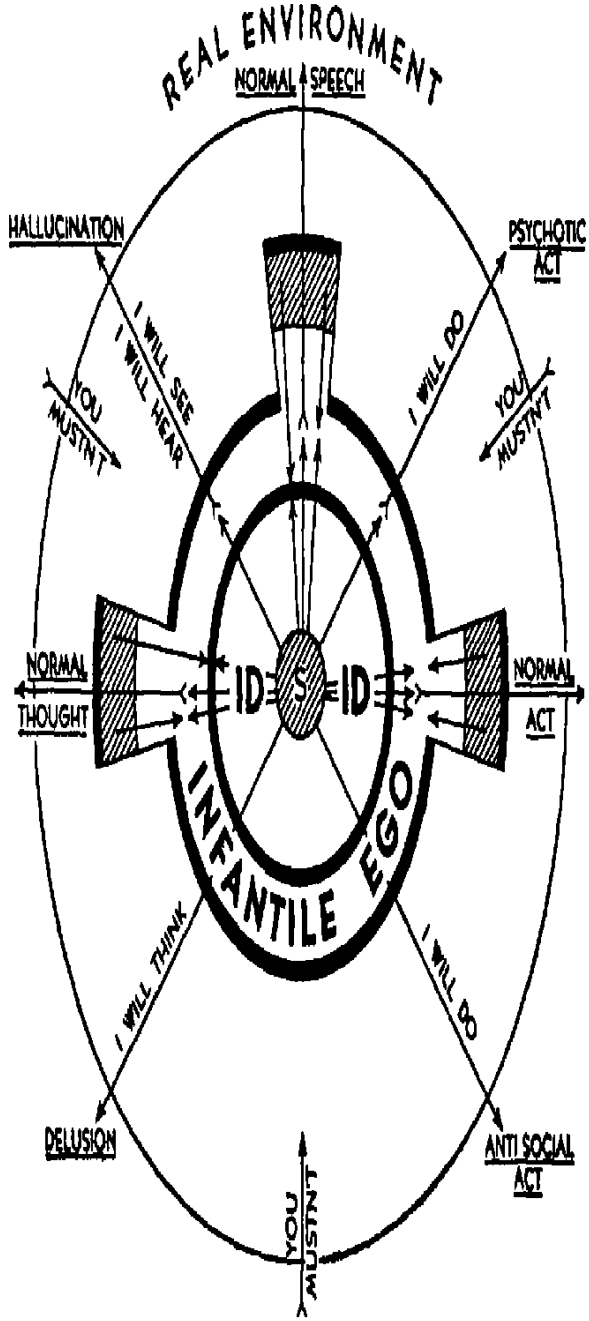



FIGURE IIID: THE PSYCHOTIC ADULT

which comprise the psychoanalytic concept of *personality structure*. At the centre of these diagrams is the Id, the unorganized source of instinctual impulses, whose core (S) is the little understood physiological complex where all activity characteristic of life originates. The impulses which emanate from the Id are represented by outwardly directed arrows.

In Figure III A, we represent the situation in the infant: some of these Id impulses are frustrated by adult discipline; others attain immediate gratification, either sanctioned or secret. The Ego of the infant is rudimentary and plastic; it is not fully developed, and reacts immediately to the demands of the emotions, unless gratification is frustrated by the environment. As it grows, the degree of self-control increases, and that exercised by the adult and the amount of conscious secret gratification constantly diminish.

The final result is the adult personality (Fig. III B). The core of the personality, the Id, remains the same. The Ego is now a much more conspicuous and decisive structure, and a portion of it, the Super-ego, has, through "identifications," assumed those functions of instinct-prohibition which adults had exercised in infancy. The Ego of the individual is now dealing adequately with most of the problems of the real environment, and on the other hand, mediating instinct-gratification. The ideal adult is never to be found. There is always in everyone a certain portion of the personality in which the instinctual needs of the infant are still dominant, and achieve only immature and neurotic forms of gratification, and these are

disclosed by such infantilisms as unreasonable fears, hypersensitiveness, extreme need of love, superstition, dirty finger-nails, dreams, etc. As are the neurotic's symptoms, they are products of unconscious impulses prohibited by the Super-ego and repressed by the Ego.

In the psychoneurotic adult (Fig. III C) a portion of the personality is also mature and adequate, but a much larger portion than in "normals" is still absorbed by the old infantile problems. The Ego is not so fully developed, and the prohibitions demanded by the Super-ego are excessive. These defects in the developmental solution of the infantile problems are evinced by the conspicuousness of neurotic symptoms, neurotic character traits, and infantile reactions to environmental situations.

In the psychotic (insane) (Fig. III D) the infantilism and inadequacy of the Ego is far more severe, though never complete. The individual has very ineffective relationships with his environment; his Super-ego functions are defective; he actually denies the real world, exists in his delusions and hallucinations, and is engaged to a very great extent in wholly narcissistic satisfactions (autoerotisms and primitive phantasies) of the demands of his Id.

In all our examples, we have discovered the instinct-representatives of an impulse associated with a repression of infancy, and coincidentally a fear of punishment phantasy. In all except the manic-depressive psychosis, there has been a defence, induced, according to our theory, as a protection against neurotic anxiety. The first stage in defence has been the same in all. The eventual mode of se-

curing some reduction of the unrelieved tension while not precipitating anxiety by a direct gratification, or even by consciously phantasying it, has differed with each case and has determined the type of neurotic symptom which ensued. The result is that the pleasure, dependency, and other relationships with the world resemble, in many ways, those of the normal infant.

We have, therefore, three points of view from which to regard the psychologic phenomena of the psychoneuroses and neurotic character problems:

I. The *empirical* observation (by study of free associations) of unconscious wishes, especially the sexual, hostile, and punishment phantasies and memories of the infantile period, and of their correlations with neurotic symptomatology and other conscious components of the personality.
II. The *abstraction* of these observations in the concept of *personality structure.*
III. The *inductions* of kinetic factors, primarily biological, but represented psychologically by the empirical data, which comprise the *theory of instincts.*

In conclusion, I wish only to clarify the mutual relationship of these concepts. In discussing the theory of instincts, the analogy, though tremendously simplified, of the dynamics of hydraulic systems to the fundamental forces which determine emotion, behaviour, and symptomatology, was discussed. If only it be recognized that personality systems are far more complex than our sim-

ple diagram, though the fundamental laws of instinct tension and release apply, we may accurately retain our analogy and combine the principles we schematized in Figures I, II, and III. The main groups of instinctual systems are then represented by the structural scheme of Id, Ego, and Super-Ego. An emotional conflict will then be one between Super-ego and Id, such as occurred in the case of speech difficulty, between the Ego and the Id, or between two antagonistic impulses (such as love and hate, activity and passivity, love of a man and of a woman), both striving for acceptance by the Ego. The reservoir of Figure II represents the adult Ego's capacity for delay of gratification; and a contraction of this reservoir, or else prolonged blockage of its outlets, will produce an increment of the Id tension, narcissism, and recourse to infantile and neurotic forms of pleasure.

The anxiety theory (or fact?) of psychoneurotic etiology is an important element in this synthesis. In the hydraulic analogy, *anxiety is what controls the valves.* The sense of guilt, or fear of Super-ego (parental) sadism, closes the pleasure-principle valve of immediate infantile gratification. If the impulses are not fused, sublimated, displaced, or otherwise made acceptable to the Ego, fear of retaliation by the outer world, of revenge, ostracism, etc., closes the valve of the reality reservoir. If Super-ego or reality anxiety causes closure of all valves which give tension release through externalized activity, retreat to narcissism results, and if this be rigidly and consistently maintained, psychosis will break out. There are valves between all systems represented in Figure III, and each

is closed by the threat of intra-psychically motivated anxiety.

This synthesis of structural, instinctual, and anxiety theories appears best to fit the facts as they are known to us today. This is true of conscious as well as of unconscious thought and behaviour, though the latter seems of far more significance for a comprehensive understanding of human motivation. If *strong* irrational motives conflict with rational, the irrational are likely to win. Much that determines individuality, such as characterological trends, and whether a neurosis will be predominantly an obsessional or a hysterical defence against anxiety, are determined presumably by hereditary factors. Yet the discoveries of psychoanalysis should be sufficient warning not to accept too complacently inborn " constitution " as the explanation of every human peculiarity. Fifty years ago hysterical people were believed to be just " made that way." But Breuer showed the effect of adult emotional traumata upon symptom-formation, and Freud demonstrated the significance of infantile experience. In short, the more we learn, the less we need ascribe to heredity. Much that previously was thought to be familial resemblance and predisposition, transmitted by the germ plasm, is now known to be the responses of infants to the emotions of their parents, which eventually become, through habit and identification, character and behaviour patterns.

It remains only to emphasize that many of the features of the psychoanalytic explanation of the psychoneuroses are applicable to most other manifestations of human nature. Psychoneurotics are not peculiar in that their lives

are governed by irrational forces of an unconscious nature — if anything, they are only a little more so, and the motivation of normal as well as of abnormal manifestations is subject to the same psychological laws.

PART III

# THERAPY BY PSYCHOANALYSIS

# CHAPTER SEVEN

## THE PSYCHOANALYTIC METHOD

*Technical Principles.* The keystone of psychoanalytic technique has always been the free-association method of thought, which the patient is taught and instructed to use to the very best of his ability throughout the treatment.[1] Occasionally it is momentarily suspended for a rational review of the free associations themselves. But though these intellectual interruptions of the usual procedure are not indispensable, their function in the production of the cure by modern technique is quite secondary.

Except for the consistent use of free association, the principles and practice of modern psychoanalytic therapy are fundamentally different from Freud's original procedure. At first he had anticipated that when the physician had discovered the patient's unconscious motivations, the communication of this knowledge to the patient, and its comprehension by him, would effect a cure. But repeated trials demonstrated to Freud that these expectations were wrong. He would succeed in learning the unconscious motive. He would inform the patient of it; the patient would agree and comprehend; this would effect the patient's intellectual appraisal of his problems, but not the emotional tensions themselves. Thus, early in his

[1] See pages 14–19.

work, Freud learned a lesson which many who putter with his technique have not yet assimilated: that intellectual insight cannot control the forces of the unconscious, that repression is not simply the difference between knowing and not knowing, that cure depends on far more than making conscious.

Freud then observed that significant personality-changes attended intellectual awareness only when this was accompanied by a discharge of the emotion which the unconscious idea was representing. Otherwise the situation was that of the passenger who boards a train designated "New Destination," but never arrives because no locomotive is attached. The locomotive, so to speak, of psychoanalytic therapy is the emotion which accompanies the ideas. It is not so important that the patient know as that he *feel* the forgotten unconscious experience or wish. What happens in a modern analysis may perhaps be most easily understood by consideration of experiences common to everyone's childhood. Thus, it is not the idea itself: "My mother" that controls so much of the child's behaviour — his toilet habits, for example — but the emotion: "I need to be approved or loved by my mother." It is not the thought: "I must not play in neighbour's garden," but the emotion: "I fear punishment," that is effective. It is not the picture of a college football-player, but the attendant affect: "I *want* to be a hero like him," that initiates activity.

*Transference.*[1] The emotion is of so much therapeutic value, not because it is actively induced by the analyst,

[1] "Transference" is often used to describe *any* displacement of the object of loving or hostile feeling. It is probably best to restrict its use

but something which arises primarily and spontaneously from the patient's own being. Nothing in the clinical practice of analysis is more convincing than this fact, occurring in every case, with no attempt by the physician to encourage it: when a patient recounts free associations, he soon speaks of events or phantasies of vital interest to himself, and when these are told, the listener is gradually invested with the emotion which accompanies them. The patient gradually begins to feel that the sympathetic listener is loved or hated, a friend or an enemy, one who is nice to him or one who frustrates his needs and punishes him. The feelings towards the listener more and more are those felt towards the people the patient is talking about, or, more exactly, those " his unconscious is talking about." This special case of object-displacement [1] during psychoanalysis is called " transference."

Not only does the consistent narration of those associations which become conscious produce " transference " spontaneously, but the same phenomenon develops from emotionalized ideas that are still unconscious. This fact is extensively utilized in analysis; for by free associating to inexplicable and irrational feelings felt for the analyst the patient may arrive at the unconscious source in his actual experiences. Thus the strong emotional disinclination of a patient we have mentioned to pay the analyst his fee developed before its unconscious source was known; free associations originating in this professional scene disclosed the previously unconscious memory of his infantile

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to the special and unusually complete object-displacement which occurs in the psychotherapeutic situation. The practice of using " transference " as though synonymous with " rapport " or " friendly feeling " is quite unjustified and confusing.

[1] See pages 38–9.

pleasure in his mother's care of him at the toilet. The patient simulating the passage of flatus in defiance of the analyst was reproducing an infantile scene before he had become conscious of it. The patient who distrusted the analyst's confidence was combating a still unconscious desire to caress his little niece.

On one occasion strong affection for the analyst and phantasies of doing things *with* him developed in a patient who was an only child. Eventually it was discovered that this was a feeling of having a brother or sister, a playmate, another with whom to share love and secrets, when the parents left him alone. The patient's childhood longing for a brother or sister had long been forgotten, but the revival of this unconscious need was expressed in the transference to the analyst before the childhood phantasies had been recalled.

Phenomena with the typical feature of transference during psychoanalysis occur constantly in everyday life; for example, in the frequent irrational resentment of subordinates towards an excellent executive. They occur in all types of psychotherapy. The efficacy of suggestion and hypnosis depend on the childlike submission to adult will transferred to the therapist. The acceptance of admonition and advice depends on a similar unconscious wish to restore the childhood situation of being cared for and disciplined. It occurs in religious confession. Indeed, the early stages of psychoanalysis sometimes resemble confession, but eventually differ greatly in that the real task of analysis begins where confession ends, in disclosing the *unconscious* sources of the conscious guilt and suffering.

It is, therefore, not the phenomenon of transference that distinguishes psychoanalytic therapy. The phenomenon is a fundamental property of human nature, and under the conditions of free association is as spontaneous as water running down a hill to seek the lowest level. It is the *conscious, scientific utilization of it as a dynamic force, and particularly the analysis of its unconscious sources, that distinguishes its use in psychoanalysis from all other methods of psychotherapy.*

Transference is not a simple attitude of liking or disliking the analyst as a person, of loving or hating him for his personal virtues and vices. It is rather a reproduction of all the significant emotional constellations of the patient, with all the complexity and variation and fluctuation which are characteristic of human beings, attained by allowing the native tendency to projection to reflect the personality of the patient. It is as though these emotional situations, and especially the repressed, unconscious ones, were projected in the transference, magic-lantern fashion, upon a screen — the patient's subjectively distorted impression of his analyst.

Many details of analytic technique are devised to maintain as " blank a screen " as possible. Before work begins, a definite hour and a definite fee are established. Any changes in routine the patient subsequently demands will generally indicate a change, not in the objective situation, but in the emotions of the patient. The analyst discloses as little of his actual self as practical; for every detail of the real person that is known to the patient will distort the transference picture of projected subjective situations. The analyst consequently refrains from analysing

intimate friends. Not only the actual facts of his life, but his temperament will be introduced as little as practical into the situation. He therefore usually makes what comments he has to make without display of subjective emotion, and refrains from expressing his own attitudes and biases. He will make no effort to direct the patient, morally or otherwise, to an adjustment which fits his own scheme of life and his own theory of what it should be like or how it should be lived. He will content himself with the premise that, if unconscious sources of tension are reduced, the adult patient will find that milieu and individual philosophy of life which best meets his particular needs more readily and more satisfactorily than by submission to the arbitrary, if well-meant, direction of another.

Thus the technical devices of analysis which best serve for therapy also produce the best experimental situation yet devised for studying the more complex features of human nature.

Chemistry has discovered that there are a limited number of elements whose various metamorphoses and combinations will result in the multifarious substances of our universe. The structure of a quart of gasolene, a lump of sugar, or a can of chloroform is not immediately apparent. The constituent elements of each are completely hidden by the properties of the compound, and we are accustomed descriptively to classify substances by those properties which are immediately apparent to the eye and senses. To understand the inner structure of a compound, the chemist subjects a small specimen to certain procedures. Under these conditions an analysis of its less obvious attributes and constituent parts can be made.

The principle of psychoanalytic procedure is not fundamentally unlike that of chemistry. The reactions of a human being are directly observable and classifiable, but the deeper motivations are not immediately apparent. Psychoanalysis is the test-tube of human experience. For one hour a day, for a limited period, a *sample* of human thoughts and feelings is examined under controlled conditions. A daily specimen of typical emotional reactions is taken. The endlessly involved complications of everyday life are reduced by the four walls of the treatment room; the multitude of people serving as emotional stimuli and instinctual objects are replaced by a single individual.

With the use of a natural reagent, the transference, the therapeutic situation thus becomes a sample of life, and a sample under special conditions which permit of closer, more exact analysis than is possible in other relationships. The compounds of various dynamic instinctual attitudes which represent the patient's mental life and social behaviour appear in typical form during the analytic hours. For everything which occurs in the analytic test-tube has three significances, each of which represents a typical organization of the component instincts. There is always an emotional relationship to the analyst; secondly, an emotional relationship to the affairs of everyday life; and, thirdly, a past situation in infancy which forms the model for both life situation and analytic situation.

For example, during the first months of analysis that patient who would not go by his brother's door, who denied erotic feelings for women, and who would not tell his associations about Bob made little apparent progress.[1]

[1] See pages 10, 21, 152–5.

Considered descriptively, he was unco-operative, showed no ability or willingness to associate freely. In spite of his promise to tell everything which came to his mind, he constantly reserved thoughts that seemed to him silly, irrelevant, illogical, or "none of the analyst's business." He seemed stupid, unable to understand the few very simple explanations the analyst offered. Eventually it was disclosed that he was hiding a profound suspicion of the analyst. He secretly thought that he was being exploited only for money, that the analyst cheated him by not talking more than five out of fifty minutes, that the analyst might communicate with his friends and do him injury; and when he heard the secretary's typewriter, he secretly phantasied that she was typing what he had told the previous hour. Simple statements of fact had utterly no effect on these suspicions. Occasionally he conceded that he was equally suspicious of everybody else, including parents, sweetheart, and friends.

After six months' treatment the patient had a dream accompanied by severe anxiety. Its manifest content was, in part: "An elevated railway station; a big junction with sheds; a gang of robbers chasing me. They chased me onto a roof. They took a rope and tied it around me, whirled me, and I dropped down an elevator shaft. I took out a gun and fired at them, but only at their legs, so as not to kill them. Then I was by the water. A motorboat with a man in it went by. My girl wanted something, led me to a house. I was in a funny thing of ropes, like a net. The gang was there. Two girls were together. Scissors were there."

Among many associations to this dream, interesting in themselves, but discursive here, the following were specially relevant: There were only a few elevated railway sheds like this, all of them important stations, like one in a prostitute-infested district of Chicago. The patient recalls vividly how trains come in and go out of the sheds; the roofs of train and shed fit tightly; it has often reminded him of coitus. He was flung by the rope: as a boy, he used to tie a rope around stones and whirl them; once he broke a window, and his father didn't like it. Taking his watch out of his pocket, he said it only ran upside down; he was very angry at the watchmaker, but had decided after rumination not to act angry when he demanded better work (as he attacked in the dream, but *only* the legs of his enemy). In associating to the boat, he recalls various erotic incidents and a previous dream. The net suggests the special way packages were wrapped for Christmas, the girls cutting the strings, "window-shopping" with his sweetheart. The net terrified him, the gang was there. He thinks he knows why he dreamt this. A friend had told him his girl was unfaithful. He emphasizes that he is indifferent to what she does; he makes no claims on her, disregards everything unless he has proof. (The analyst here comments that in the latter part of the dream his sweetheart seduces him into a situation where men will injure him.)

The next day the patient tells many facts previously kept secret. His girl went out sometimes with a Russian. He wondered "how far" they went. People had told him they "went the limit." She had gone on week-end house-

parties. She had maintained she was the patient's girl; the Russian had said that he would like to meet the patient, they would have a good time. The patient felt that the Russian might want to fight it out. The patient is asked for his associations to scissors. "Knives. It was a gang in the dream, because Russians go in gangs. This fellow might carry a knife. He might stick it in my girl. [Note the unconscious sexual symbolism of knife shown in this ambiguous remark.] Dirty stories referring to scissors cutting off the penis — I won't tell them to you. [The patient is reminded he should tell everything.] But I can't, because you don't know the words. I think of the language they use around street-corners. [Analyst is silent.] You wouldn't know what we mean by 'fairies' or 'broads' — going abroad, reading travel literature. Every time I've spoken of going abroad [a frequent phantasy], I've thought 'hopping a broad,' but didn't say it because you don't know what 'broad' means." (The analyst rhetorically asks if his parents hadn't understood the dirty words of small boys.)

The next day he recounts obscenities of his childhood, including a story of a carrot being stuck through a hole and cut off, and, finally, threats of his parents for infantile masturbation, and an anxiety phantasy that his father would cut off his penis with his mother's shears.

To recapitulate: the immediate situation is one in which he is preoccupied with sexual thoughts of his girl, suspicion that she is unfaithful, hatred of his rival, and fear that if she introduces them, the Russian will attack him. Conspicuous in his conscious attitudes are the denial of erotism and of interest in his girl's other affairs, and his

strong conscious repudiation of aggressive wishes. These unconscious defences are being weakened as the analysis progresses and the underlying wishes first appear in the transference. He is suspicious that the analyst will injure him, and that the woman secretary (who he has remarked before has much the manner of his sweetheart) is participating in this injury. In all these matters he acts in the analysis essentially as he does outside, by scrupulous maintenance of good behaviour, concealment of his suspicions, and denial of aggressive tendencies. Why these traits of character and behaviour are so excessive is revealed only by the exactly analogous, though infantile, phantasy: "I am afraid Father will punish me with Mother's scissors for sexual thoughts." But he protests in every way against this still active source of anxiety until it emerges in a dream representing all the associated emotions. An illustration of his defence is the rationalization that the analyst does not understand obscene words, and though the rationalization itself is derived from childhood discipline, it serves to justify the patient's exclusion of crude sexual associations from the analysis for months. The transference, predominantly suspiciousness of the analyst, is a duplication, detail for detail, of his emotions towards people in his outer life, and of a crucial emotional situation in his infancy.

A second illustration is a portion of the transference of a man who came too late or not at all to his appointments. He was struggling to attain a degree generally essential to earning a good livelihood in his profession. But he had great difficulty concentrating on lectures and exercises; he missed many classes and seldom rose early in the morning.

His social life was very limited; he rejected most opportunities for friendship. His mind was constantly occupied with the problem of proving his superiority, especially in intellectual declamation with everyone he met.

In a short time the analytic situation became a miniature of this relationship to the world. When the time came for him each day to go to his analysis, he would procrastinate, do other trivial things, was always late; sometimes he would not go at all. It was a replica of his irresponsibility in his attendance at classes. He would devote a considerable portion of each hour of analysis to long discussions of political problems. They were very intelligent, but obviously were unconsciously utilized to conceal recognition of the transference emotions, exactly as his phantasies of intellectual superiority had replaced emotional camaraderie and competition in classroom and social life.

The analyst's task was to demonstrate effectively how those brilliant, intellectual expositions served to conceal associations which lay close to his instinctual life. Simply to explain the situation in general terms, to appeal to his keen intellectual faculties, was utterly futile; he would assent fully to the analyst's remarks and show the keenest intellectual interest, but no fundamental change in the analytic situation would occur. The opportunity came one day when some emotion accompanied associations dealing with his envy of other men's success with girls. He spoke of masturbation; he spoke of his mother's dressing him in childhood, his father's punishing him. He exchanged a few terse remarks, and he discovered his phantasies of intellectual brilliance were a substitute for the competition he had

withdrawn from because of fear, now of all men, originally of his father. Behind his aloof intellectualism, lay this hidden fear; he was afraid of any competition with men because his infantile fear of punishment for wishing to take his mother from his father had never been resolved. The whole therapeutic situation became emotional instead of intellectual. Associations became free.

After this the analyst went away for several days. At the next appointment the patient was on time and his greeting was unusually warm and pleasant. His associations explained the change. He related a dream in which he was a child telling his mother all about his sexual worries. His associations dealt with the similarity between his dream and the relationship in childhood to his mother. The analyst remarked: "You came on time today; you are glad to see me. That was not so last week. Your dream and associations explain the change. Previously you were afraid of me because you felt towards me as towards another man — always competitors. Today you feel about *me as you do about your mother. You have unconsciously* fled from the attempt to master your fear of competition by going back, like a child, to the protection of your mother." The patient was silent. Then he said: "Maybe something that happened explains it. My teacher [whom the patient envied for his boasted seductions] lost his job. I ought to have been sorry. I don't think I was. He was all broken up, and not bragging as usual." The teacher had lost his claim to prestige with the patient; he was, for the patient, no longer unconscious representative of the infantile rival whose claims must not be challenged. The patient's unconscious anxiety was much decreased; for,

with the downfall of the rival, he could accept his unconscious wish for mother without anxiety, and expressed this unconscious need in his unusual affection for the analyst. Coincidentally, there was notable improvement in his everyday relationships.

This fragment of an analysis shows the correspondence between the emotions of an analytic hour and those of the patient's contemporaneous life. His reaction to the analyst was in its framework identical with the problem the world was presenting to him; his reaction changed entirely when the external situation changed, because the latter change had temporarily relieved his deep anxiety.

These few examples illustrate how different the emotional constellation of each individual's transference must be. Indeed, there are as many varieties as there are varieties of human temperaments and problems. Nevertheless, there are certain general features of the development of transferences common to all cases. These we shall now discuss.

First are the three phases of transference in every typical analysis. Though these are very rarely so clear-cut as a text-book description, they can always be recognized. We may call them the " introduction," the " transference neurosis," and the " conclusion." The duration of each period, relative and absolute, varies much in different patients.

The *introduction* we have already mentioned. It consists in learning to apply the method of free association, the gradual emergence of bits of unconscious material, and increasing indications of a transference of current emotions to the analyst. In general, the transference of this

period is either predominantly "positive," when there is zest, interest, and pleasure in the work, or "negative," as in the suspicious patient at the beginning. Then the work is difficult for both patient and analyst, and immediate evidence of progress is very slight.

Where the early transference is positive, the patient becomes enthusiastic about the "wonder" of psychoanalysis, and there is often a rapid disappearance of his symptoms. Such early symptomatic improvement has exactly the same significance as that which results from other methods of psychotherapy. It is the direct product of assuming a pleasantly dependent attitude to the therapist and gratifying unconsciously one's need of parental love and protection. Even though it is ascribed by the patient specifically to analysis, this is an illusion. It would happen under any therapeutic relationship where a strong rapport is established. Thus, the patient with speech difficulties was "cured" for several months by the specialist in speech-training quite as effectively as by the early period of analysis. The difference between this and the cure by a complete analysis is that it is symptomatic, temporary, and dependent upon maintenance of the therapeutic relationship. If this is interrupted, the patient will generally develop new symptoms if he is neurotic, or get into new difficulties in real life if he is a character problem, and seek to re-establish a similar relationship with everyone else. Indeed, the use of free association without thorough analytic treatment of the total transference reactions often results in a habituation of the patient to the pleasurable aspects of the free-association method. In this case the treatment has given the patient more satisfaction

in his illness than ever before, and the result of the treatment has been to make the patient more neurotic and more satisfied to accept this fact, and not decisive improvement or cure.

*Transference Neurosis.* The second period of analysis consists in the "transference neurosis." The situation changes. A patient who at first was eager for health, entirely absorbed by the treatment for his problems, intelligent, mature and adult in many ways, no longer shows those qualities consistently during the hour. So far as his efforts show, he is no longer co-operative, is indifferent to what the necessities of the treatment are, forgets and disregards all that he has learned in the introductory period, and makes little obvious progress. On the other hand, he feels distinctly that he is battling with the analyst, attempting to trick him into doing what he does not intend to do, disregarding all advice. Gradually it becomes apparent that his most compelling reason for coming to analysis is no longer to get well, but is entirely to win some type of emotional satisfaction from the analyst. He will not close a door himself, it must be closed for him. He will wear no coat and risk pneumonia unless the analyst orders it. In innumerable ways the same effort to secure one thing or another from the analyst may be manifested.

Because this occurs with such consistency in every analysis, we can understand that the transference has developed to a point where the transference emotions are more important to the patient than the permanent health he is seeking. This is the point where the major unresolved, unconscious problems of childhood begin to dominate.

They are now reproduced in the transference with all their pent-up emotion. The patient is unconsciously striving for what he failed either to gain or to do without in actual childhood. Only those who have observed it will appreciate how fully much of the reaction to the analyst at this period is like a child's. Petulance, irritability, defiance, even a childishness in the tone of voice are frequent, even in people who are otherwise quite mature.

The three outstanding characteristics of the instinctual life of childhood — the Pleasure Principle, ambivalence, and the repetition compulsion — govern the situation. It is not the outcome of the analysis, but the need of the moment that counts. It was the full recognition of the significance of this period by Freud, as a result of failure with a case he analysed in 1899 and reported in 1904, that marks the beginning of modern psychoanalytic technique. And it is its full comprehension and management that sharply differentiates the adequately trained from the untrained analyst, and tests the skill of the best. The transference neurosis is one striking manifestation of repetition compulsion, and gradually one situation after another from the life of the patient, each the same play, with different actors in the cast, is analysed until the original infantile conflict is revealed. Then the transference neurosis gradually subsides.

The *conclusion* dates from this time. In one " text-book case " the transference neurosis very suddenly set in the day after the patient recalled seeing a menstrual pad in childhood, and the same recollection, which had been again unconscious in the interval, after eight months' struggle with the transference neurosis, marked the beginning of

the conclusion. The patient again becomes interested in the original purpose of the analysis; his emotions towards the analyst are less infantile and more friendly and objective. He begins to appraise the therapist, not as a transference illusion, but as he really is. Material whose analysis was incomplete in the introduction again occurs in the associations. Memories appear which explain previously unsolved problems, and the transference subsides, while latent and new interests outside the analysis appear and absorb more and more of the energy previously sidetracked in the transference neurosis.

The conclusion is a gradual process, and never complete with the last visit to the analyst. If the source of major problems has been fairly well exposed, further associations will occur from time to time at emotional crises in the patient's everyday life, and he can then complete without assistance what was not entirely worked through with the analyst. After a variable period the temporarily accentuated awareness of the unconscious dwindles, useful repressions are partially re-established, and the former patient deals with life with less need of introspection and more satisfaction than in the years before analysis.

*Resistance.* Besides transference and the eventual development of the transference neurosis, another important and equally spontaneous result of the use of free association is always to be observed. The most conscientious efforts to tell everything that comes to the mind are in nobody completely successful. After a few hours there are always thoughts which the patient will not communicate or immediately, almost before he has noticed them, re-

presses again. Such phenomena are technically known as "resistance."

The laboratory experiments of Jung, which led to his interest in the methods of Freud, give the most simple demonstration of what we now call resistance. A series of words was given to a subject, who was asked to report the first single word association which came to mind. The association was noted, the time which elapsed before it was reported, and any special changes in manner or intonation in reporting it. Jung observed that a significantly longer interval would elapse in reporting associations to certain words, and demonstrated that this always indicated subjective emotional significance for those particular words in any individual. The delayed response is indicator of the defensive factor in resistance.

Typical examples of resistance have already been given: for example, the inability of the woman with speech difficulties to report her associations for five weeks; the suspicious patient's refusal to quote what was said about Bob, and his suppression of obscene words from his reported associations. Another illustration of resistance in clinical practice is the following: A woman begins analysis while suffering acute and severe manifestations of neurosis, so that the emotions which will form the transference are already manifest and merely awaiting a therapist on whom to direct them. Consequently the first few days of analysis are very like the usual analysis after several weeks or months of work. During the first two days she reveals in all the personal relationships she mentions a constant struggle of the ambivalent wishes to dominate and be dominated. She dominates her husband, and then com-

plains of not sleeping nights; for that is the way his mother, an invalid, gets so much attention. Similarly, she greatly wants to be helped by analysis, but can scarcely endure being so "humble." On the third day she telephones that she can't continue analysis; she must attend exclusively to her practical affairs, and rigorously control her depression by applying her "philosophy of life." A week later the analyst answers the phone and recognizes her voice. She had asked for a wrong number. A few weeks later, her emotional difficulties unbearable, she resumes the analysis. Here we see clearly the reproduction of the external conflict immediately in the neurotic opposition of the wishes to be helped and to help oneself, the resistance to analytic work which causes her to leave the treatment, opposed to the transference, which compels her to telephone the analyst by mistake. When she had phoned the analyst, she had consciously intended to phone her mother-in-law.

Similar signs of resistance are apparent throughout the whole course of every analysis. They betray themselves in innumerable ways to the analyst: the patient abruptly pauses, he corrects himself, makes a slip of the tongue, stammers, stops talking, and plays with some part of his clothes, asks a question and waits for an answer, becomes very intellectual, is late for appointments, or finds reasons for not keeping them, scrutinizes the rationale of analytic therapy, can think of nothing to say, suddenly regards what comes to his mind as banal or irrelevant and not worth mentioning.

The development of resistance in analysis is quite as automatic and independent of the will as the development

of transference, and its sources quite as unconscious. The emotional forces which give rise to it are opposed to those which produce transference, and the analysis therefore becomes a conflict between transference and resistance. The full significance of this for dynamic therapy is apparent when we realize that this is a repetition of the very same sexual-guilt conflict that originally produced the neurosis itself. We have already seen that those instinctual elements of the personality which demand conscious acceptance and gratification of a wish are opposed by those which prohibit and enforce repression. Neurotic manifestations have been shown to be the compromise by which gratification of the instinct with coincidental gratification of the repressing forces in the form of suffering is attained. Transference and resistance in the therapeutic situation represent those identical forces which reach their fullest development and antagonism in the transference neurosis. The transference itself even serves the resistance, in that the wish for pleasure in the analysis opposes the eventual purpose for which the analysis was originally undertaken.

The recognition and analysis of the unconscious sources of resistance are a major reason for the therapeutic superiority of the psychoanalytic method. For other methods, such as suggestion, hypnosis, encouragement, and persuasion of any kind, utilize unconscious transference, but completely ignore those opposing forces which appear in unconscious resistance. They therefore do not effect one of the two groups of etiological factors at all. But in psychoanalysis both components of the conflict which causes the neurosis is made the basis of the whole

treatment; instead of efforts of one kind or another to circumvent one of the responsible agencies, psychoanalysis, in contrast to other methods, exposes them and deals directly with the etiological factors. Paradoxically, the analyst's attention to resistance is also the best argument for the chief superiority that other methods do possess. For the analysis of resistance is the reason why the psychoanalytic treatment lasts so long. If one *must* treat a large number of patients and give only a short time to each, one *must* ignore unconscious resistance and do the best one can. Nevertheless, the " gaining of the patient's co-operation " by either emotional or intellectual suasion in other psychiatric methods should not be confused with an analysis of resistance; for this is only to win conscious liking and confidence for the therapist, and the co-operation of the conscious and intellectual faculties of the patient. This has nothing in common with attention to the unconscious emotional sources of the conflict and repression.

The treatment of resistance constitutes the main function of the analyst. For many years he has not undertaken to " teach " the patient about his unconscious. For, in the first place, experience has shown that this by itself is ineffective. And, in the second place, both conscious insight and, more important, solution of the emotional conflict and permanent therapeutic effect come only from what the patient himself says and remembers. In other words, free association, if unobstructed, will always lead to significant wishes and memories. Once the process is at work, there is what Reik calls a " compulsion to confess," which produces the unconscious material. At the end of an analysis it is usual for hitherto unknown memories or phantasies

to appear, which neither analyst nor patient had ever suspected.

*Interpretation.* Resistance, however, is never absent, except perhaps in some very severe psychoses, when this absence itself constitutes a more serious abnormality than any neurosis. The analyst, therefore, has become essentially a technician in gradually reducing unconscious resistance. Every progress in this effort results automatically in more free associations. The chief implement in his technique is *interpretation.* This is no longer used primarily, as in the early efforts at psychoanalysis, for the purpose of instructing the patient about his unconscious, but is used to remove the obstruction to spontaneous and helpful self-instruction. In other words, the role of the analyst as interpreter is not to paraphrase what the patient reports, but to indicate at appropriate moments what he is *not* reporting.

The critics of psychoanalysis have frequently declared that analytic interpretation is *only* a form of suggestion. Analysts do not deny that every remark of the analyst is indeed a suggestion and may correctly be regarded as such, but they do deny that this is the whole story. What is correctly appraised by the critics is the similarity between interpretation in an analysis and the non-analytic suggestion with which they are familiar; the differences are ignored. In the first place, the analyst repudiates as far as possible the prerogative of authoritative infallibility and makes no effort to convince the patient that because the physician says so, the statement *must* be so. Furthermore, to the best of his ability, the analyst states

what he believes *is* so, in contrast to the practitioner of suggestion, who states what is *not* so — " Nothing is the matter; you are all right; do what I say and it will clear up. . . ." At no time does the analyst promise cure, but he maintains that cure is to a considerable extent dependent on the patient's ability to perform his part of the analytic work.

The patient's reactions to interpretation during analysis are also very different. The immediate result of analytic interpretation is not generally symptomatic relief, and is often a heightening of the strain and a denial. Experience shows that if mistaken interpretations are given, unless they are very frequent, their effects are very trivial and have no observable influence on the eventual course. On the other hand, it is observed constantly in analysis that when a correct interpretation is given at the right time, the patient reacts either immediately or after a period of emotional struggle with new associations, which both confirm the correctness of the interpretation and add significant data of the motivation and experience of the patient, which could not have been guessed by the analyst.

Effective interpretation of resistance is a difficult technique. We can best explain it by a few illustrations from the clinical material already presented. When the man [1] objected to paying his bill and in his associations that day told of similar emotions towards a friend who would give him nothing, the analyst's interpretation was that his attitude to the friend showed his real objection to the bill to be the wish not to give but to receive. The patient first protested violently, and then vividly recalled the infantile

[1] See pages 41–2.

pleasure of his mother's toilet care. This and other material at the same time confirmed the analyst's deduction that the patient was resisting the unconscious wish to be given something pleasurable and added an infantile memory of this type of pleasure, which had previously been inaccessible to consciousness, and unknown to the analyst.

The resistance of the woman with speech difficulty at the time when she had scarcely an association for five weeks [1] was interpreted (or, better, resolved) as follows: One day she was looking out of the window of the waiting-room when the analyst entered. When, as usual, she said nothing after the treatment began, he asked her what she was thinking when gazing out of the window. "I was looking at the rain." She then commented on the weather and deplored the absence of other thoughts. "But 'looking at the rain,'" the analyst commented. After ten minutes' pause she remarked: "I often look at the rain, I stand by my kitchen window and look out." A long pause, and the analyst asked her to say anything that came to her mind. "I see the canal from my window, and a bridge. The canal-boats go by." At this point the analyst had some fortunate associations of his own to watching steamers on the Rhine, and, feeling they might be a clue to the resistance, he interjected: "They go under the bridge?" For the first time in five weeks the patient suddenly showed obvious emotional tension. "I won't say it! I won't say it! There was water trickling down the window — it always reminds me of urine. I always feel so pleasant when the canal-boats have passed under the bridge. They put the smoke-stack down, and then it comes up again. I don't like them to break

[1] See page 77.

off!" Then she recalled the similar scene of her father's chopping off hens' heads and subsequently associated profusely for weeks.

In the case of the suspicious patient [1] who apparently could not learn to associate, the technique of interpretation was limited to asking quietly every few days for one of the names he withheld. Each time this was done, the patient for a few minutes showed a slight emotional reaction, until he eventually stated that he was going to seek treatment organically instead of psychologically and confessed his secret suspicions of the analyst's character. In the interpretation of the dream which finally disclosed the unconscious sources of this suspicion, the analyst remarked only: "The dream shows you are suspicious and afraid that if your girl seduces you, she will get you into a situation where a man will injure you." The next day the patient confirmed this by confessing for the first time his suspicion of the Russian and his fear that his girl would introduce the two. At the conclusion of this day the analyst's interpretation was only a question implying that the patient's rationalized failure to report obscene words was like the small boy's reaction to his parents' discipline. The next day the patient not only confirmed this, but confessed the infantile masturbation-punishment phantasy (or event) which had been previously repressed.

The resistance of the pathologically defiant man [2] required more unusual methods. In order to analyse it successfully, the analyst was compelled to call upon his full reservoir of previous experience and to make several un-

[1] See pages 109–203.
[2] See pages 100–2.

usually radical, "deep" interpretations of the patient's transference emotions before the patient's actual associations had pointed the way. Their correctness and technical value were confirmed by a diminution of resistance, distinguished by the recollection of his mother's prohibiting his use of the school toilet, and the associations which followed. Until this time the possibility of cure had been very dubious.

It is not generally so much what the analyst discovers that produces progress in the analysis as his ability to help the patient to discover *for himself* by reducing unconscious resistance by occasional, carefully selected interpretations at appropriate moments. Arbitrary pressure by exhortation from the analyst is ineffective; the only pressure of lasting therapeutic value is that of the patient's own instincts, and the analyst's chief usefulness is in modifying unconscious resistance to them by making their representatives conscious.

*Theory of Psychoanalytic Therapy.* Modern psychoanalytic technique is, therefore, the product of trials for almost forty years, and many errors. It is born of experience which has shown that when free association is consistently used, transference and resistance will develop spontaneously and produce an analytic picture typical for one individual and, in its details, characteristic of no other. The unconscious wishes and punishment phantasies which have caused the presenting neurosis will be repeated during analysis, and will culminate in the transference neurosis, the skilful utilization of which by appropriate interpretation of unconscious resistances will lead to its

resolution and free the natural forces which determine normal psychological development.

The course and results achieved by this technique can be described without the dynamic theory of instincts, but hardly explained.

The analyst's theoretical concept of his role is a little like that of the diabetes therapist. By administering insulin, no useful element is added and no deleterious element is removed. The insulin serves only as catalyst, which permits a spontaneous, biological metabolism of the nutritive substances already present. It enables normal organic functions to pursue their natural course.

Similarly, the analyst's theory is that each individual is endowed with *potentialities* which cannot be altered by any therapist. Their most satisfactory realization is dependent upon the distribution of instinctual energy among those various systems of the personality structure which determine subjective experience and relationships with other people. The total potential energy is constant for the individual and can be neither increased nor diminished by active interference, but the objects and modes of tension-release can be influenced. In neurosis and other personality difficulties an excessive amount of the total energy is absorbed by unconscious infantile problems, whose expression is in greater or less degree abnormal and limits the patient's total satisfaction. Successful psychoanalytic therapy consists in effecting, not an addition or a subtraction, but a *redistribution* of the energy, so that a significant reduction in the amount devoted to unconscious infantile objects and the maintenance of repression results, and more is then available for mature, guiltless

activities (friendship, home-making, work, art, erotic love, etc.).

To accomplish this, the original emotional infantile situation is reproduced. In the neurotic this was in his actual childhood inadequately solved; there was excessive repression, not a complete normal solution. By reproducing the emotional features of this situation in the transference neurosis, the opportunity is given the personality for a new solution of the old problem. In some cases the details of the mechanism by which this occurs in the concluding period of the analysis can be very definitely observed.

The basic mechanism of analytic therapy is the basic mechanism of the neurosis itself. This is the repetition compulsion. During analysis it becomes very clear that each neurotic repeats his neurosis, and the situations of conflict where it becomes most apparent recur over and over. This feature of neurosis is less apparent to psychiatrists of other schools than to analysts; for they observe the patient's history with special reference to the effect of successive environments upon him. The analyst has vastly more opportunity to observe that the neurotic's *unconscious* emotional attitude to very different environmental situations is repeatedly the same. The same drama is played repeatedly, with different casts and sets. What the patient needs is a better play, not the effort to make a success of the old play with new actors and scenery.

Our case history (Chapter III) illustrated how the same emotions and neurosis were represented in the actual infantile problem, in the jealousies at puberty, and again in adult life. A more detailed account would illustrate

how, in many other experiences of the woman's life, the same formula had been repeated, abortively or completely. Thus, two years before the onset of symptoms, she had renounced a suitable sweetheart because of preoccupation with phantasies of her elderly employer which corresponded to those she later lived out with her lover. She had solved this by fleeing from her position. At eighteen there had been a similar situation, in which she terminated a normal heterosexual " crush " when a girl friend told her of her abortion and stimulated the emotions with which she had reacted to her mother's when the patient was four years old.

The outstanding feature of the theory of analytic therapy is that those very tendencies of human nature which normally secure a solution of an infantile problem without producing repression can automatically become effective. The transference neurosis, if maintained by persistent removal of resistances, gives these forces a chance to accomplish what they did not adequately accomplish in the childhood of the neurotic. The analyst can in no way force this result, he can only give the forces of the personality a new chance to deal effectively with an old problem. It is much the same as a simple incision of an abscess; the surgeon cannot actually produce the cure, but can merely produce a situation where the natural curative forces of the organism may be more effective.

Though *permanent* therapeutic effect is, therefore, only attained through the emotional dynamics of the therapeutic situation, the practical procedure is dependent on the ideas which either accompany conscious affect or represent unconscious (bound) emotion. Theoretically,

one may argue [1] that it makes no difference whether the ideas which are the instrument of the day's work are revealed or not. In practice, however, it is found that so long as the idea remains unconscious, a large amount of affect is never released, and the neurosis is usually uncured. A typical and successful conclusion of the analysis only eventuates when layer after layer of significant life experience is exposed in terms of ideas accompanied by emotion, until the ultimate emotional source of the conflict is reproduced.

The human being is more complex than the machine. Analysis is always intensely human, and human sympathy, as well as scientific understanding, contribute to a skilful technique. Rigid adherence at all times to the fundamental mechanistic principles of psychoanalytic technique is impossible. The immediate environmental situation may sometimes be so serious that the analyst must pay commonsense attention to its practical bearings. A few people whose lives have been extraordinarily deficient in affection must be given more praise and encouragement than strict analytic technique encourages. Very narcissistic persons, and the psychotic, must establish a strong personal feeling for the analyst before even an effective interest in cure can develop. But the experience of analysts is that every deviation from strict technique which such special conditions compel prolongs disproportionately the length of treatment and increases its difficulties. Perhaps this is one of the soundest reasons for their opinion that the theory represents the actual reason for the effectiveness of analytic therapy in many cases.

[1] See Rank's argument, pages 276–7.

## CHAPTER EIGHT

# INDICATIONS FOR PSYCHOANALYTIC TREATMENT AND PROGNOSIS

As IN medicine, therapeutic indications and prognosis are functions of both the nature of the disease and of the capacities of the organism to resist it. Similarly, the results to be expected from a well-conducted psychoanalysis depend both on the nature of the condition treated and on the capacity of the patient to perform his share of the psychoanalytic work and to undergo the unpleasantness of its difficult portions. In other words, a recommendation to a patient to be psychoanalysed depends both on his *need* and on his *capacity* to utilize the method. We may consider these two aspects of a preliminary psychoanalytic consultation separately.

### SYMPTOMATIC INDICATIONS

The psychoanalyst is not *primarily* interested in the treatment of symptoms. There is no *etiological* technique for the treatment of these independently of the total personality. For every case will demonstrate that the obvious symptoms are only superficial indicators of a basic problem, like the summits of mountains which appear as threat-

ening reefs above the surface of the sea. Many aspects of the patient's social, professional, and sexual life are involved. If nothing else is changed, nature's remedy, the symptoms themselves, may even be the best for the patient. But if the basic personality problems are solved, the superficial symptoms are also cured, as a valuable by-product of the analysis. Many symptoms — those of hysteria, for example — may be more quickly eradicated by hypnosis or other forms of suggestion or by persuasion, discipline, or some psychological instrument dependent largely upon the authority of the therapist. Yet in a large number of cases symptomatic relief is temporary, and the assistance rendered will be obviated by the expression of the basic difficulty in some new symptom or some other type of emotional maladjustment. Analysis can never replace these, however, for maximal service to large numbers of patients in a short time, as in public psychiatric and mental-hygiene clinics, though it may contribute to a better understanding of the effectiveness of these other methods. And it can never be of value in unanalysable cases where no other psychiatric service than good custodial care can be utilized, or where there is no prospect of a partial social adjustment without the help of some form of supportive, reassuring, or mandatory therapy. When analysis is possible, it seems, to those psychiatrists who have learned to use it, always the best method. When it is successful, it ensures a new level of personality function, independent of further psychotherapy, that is not attained by other methods.

However, a knowledge of the presenting symptoms and those divulged in a psychiatric interview is necessary in the

formulation of an opinion as to the need and advisability of treatment. We shall consider them in three groups: psychoneurotic symptoms, psychotic symptoms, and organic symptoms.

*The Psychoneuroses.* Psychoneurosis is, for the analyst, a positive diagnosis, based on evidence of a fundamental need to suffer beyond what environmental accident or physical illness justifies, in a person with a well-developed interest in other people and a potential capacity for erotic, tender, friendly, and sublimated love. Evidence of such need to suffer (unconscious guilt) may be overt, as in painful hysterical symptoms, strong repetitive tendencies to crucial errors of speech and act which bring social disaster, intense feelings of inferiority, constant dissatisfaction, etc. The evidence may be disguised, as it is in some marital situations where the need for suffering is satisfied entirely by that inflicted by the partner, in obsessions and compulsions which withdraw energy from pleasurable activities and protect the patient from immediate evidence of the suffering, or in coincidental physical illness. Or it may be apparent only in extensive inhibitions which restrict pleasurable potentialities, such as limitations of social life, excessive vocational humility, and erotic impotence or frigidity.

Psychoneuroses are of two kinds, those in which symptoms predominate and those in which neurotic character traits predominate. This distinction is descriptive and not fundamental, for there are always neurotic traits in people with neurotic symptoms, and generally (in the past if not in the present) neurotic symptoms in people with

neurotic characters, and the unconscious problems are the same.

The common symptomatic psychoneuroses are (conversion) hysteria, obsessional and compulsion neurosis, and phobias without psychosis ("anxiety hysteria"). It is these diseases that were the original objects of analytic study and are today the most thoroughly understood. They are almost always, unless *extremely* mild, definite indications for analysis. The therapeutic prognosis of hysteria is generally excellent. Obsessional and compulsive neuroses, though as well understood, require much longer for successful treatment and sometimes are incurable; but analysis of them usually repays the effort, even though the cure is not theoretically complete.

*Overt Sexual Symptoms.* Often sexual neurotic difficulties are not entirely unconscious, but appear in part as presenting symptoms. They generally occur in individuals with other psychoneurotic symptoms or character traits, but may occur without. Such, for example, are excessive masturbation and much worry about masturbation in adults, impotence in men and frigidity in women in any of their forms, such as disinclination for sexual intercourse, vaginismus, frequent difficulty or complete failure in attaining erection, prematurity of orgasm, partial or complete failure to attain the acme of sensual pleasure, inadequate feeling of satisfaction, tenderness, relaxation and drowsiness afterwards, or lack of tenderness and erotic play prior to intercourse. Frequently, psychoneurotic aspects of the love-life are not conspicuous in the patient's original history; satisfactory sexual experience is re-

ported, while important problems in this sphere are apparent chiefly in the failure to encompass the various needs of love consistently with one partner. Such a situation is often revealed by an extreme and chronic tendency to infidelity or promiscuity, an incapacity for adequate erotic relationship with a partner who is loved tenderly, or a lack of tenderness for a voluptuous mate. The most clear-cut cases are those in which a man, for example, is impotent with his wife or women of his own social class, but potent with prostitutes or social inferiors. It is almost the universal rule that even those patients whose love-life has been a satisfying one attain both greater tender and greater sensual satisfaction after psychoanalysis than previously. These symptoms occurring without severe neurasthenia are psychoneurotic and are generally relieved by analysis. Some very severe cases are incurable, but in a personality with definite assets a trial should be made.

*Other symptomatic psychoneuroses* are much more resistive to treatment (though not in the opinion of all analysts); for example, *tics* and *stammering*. Yet such symptoms are usually definite indications for psychoanalytic treatment; the result is generally a valuable relief of basic personality problems, even though the muscle habits are not entirely cured.

*Neurotic character problems* are more closely allied to hysteria and compulsion neurosis in etiology and prognosis than are tics and stammering. Analysis reveals that in many of them the structure of the personality, the infantile conflicts, the therapeutic indications and prognosis, are identical with those of symptomatic neuroses. Only by the fact that a character trait instead of a symp-

tom represents the unconscious conflict can groups be differentiated.

For example, women with *hysterical characters* are hyperfeminine, constantly display volatile and obviously childish emotions with theatrical exaggeration, and sometimes fall violently in love with a succession of men, each affair terminating in a fiasco. Such individuals have unconscious problems identical with those which produce the functional paralysis and headaches of conversion hysteria.

The "*compulsive character*" is over-meticulous in dress and social manner, devotes an excessive care to the collection of useless articles, is either brutal or coldly aloof, accepts and enforces a very rigid moral code, is often secretly superstitious and openly very obstinate, is with great difficulty diverted from a rigid course of sternly intellectual thought, constantly experiences the greatest difficulty in making decisions. Analysis shows the unconscious origins of such a character to be very similar to those of patients with definite compulsions or obsessions.

Besides these specific neurotic character types, there are a variety of traits of definitely infantile origin which, when they are conspicuous and constant sources of tribulation for the patient and his companions, are positive indications for psychoanalysis. A few of the more common are: uncontrollable temper, chronic nagging, constant complaints about others or oneself, excessive diffidence or feelings of inferiority, lack of self-confidence, inclination to constant change of occupation, repeated unsolved difficulties arising in vocational life, a succession of unfortunate love-affairs, difficulty in concentrating on work and duties, inability to take much pleasure in recreation and

avocations, deficient capacity to make friends, etc. An especially common complaint is excessive marital discord, which is the result of either a neurotic choice of partner or a neurotic reaction to a maturely selected spouse. The problems of divorce should not be settled before analysis by people contemplating it, as analysis will often show that the unconscious cause of the situation in the home is a curable neurotic conflict.

Neurotic character disorders constitute a large part of the troubles for which analysis is to be recommended, *if there is good evidence of potentialities for success.* These unconscious problems are well understood and can generally be significantly and permanently alleviated by analysis.

*Sexual perversions* are closely allied to the psychoneuroses. An understanding of such abnormalities as the perversions of sadism and exhibitionism has accompanied the elucidation of the psychoneuroses. When they constitute a social menace or are the occasion of marital incompatibility, analysis is especially indicated. Good results are not so generally excellent as in treatment of the psychoneuroses.

The results of psychoanalyses of *overt homosexuality* [1] are comparable to those of the perversions. The indications for treatment of patients whose homosexuality is accompanied by psychoneurotic difficulties are the same as for heterosexual neurotics, and the results, so far as neu-

[1] The analytic usage of this word is confusing. "Homosexuality" is used, as here, in the customary sense, to define an abnormal preference for actual erotic experience with a person of one's own sex; and also to designate that normal component of the sexual instincts which produces non-erotic emotional relationships with one's own sex, or an excessive trend to adopt the modes of gratification characteristic of the other sex. (See "Bisexuality," Chapter II.)

rotic symptoms go, very similar. The cure of an erotic preference for one's own sex is by no means assured, in spite of the large amount of psychoanalytic knowledge as to the psychological causes of homosexuality. In general, the more indications there are of some heterosexual interest in the past history of the individual, and the less completely he has adopted the psychological traits and habits of the other sex, the better is the prognosis. There are few of those homosexuals who suffer from society's disapproval of their sexual practices that are not worth a protracted effort to release their heterosexual potentialities by psychoanalysis.

Besides the psychoneuroses and sexual perversions, there are a number of psychological conditions of great interest to the analyst. *Neurasthenia* and *anxiety neurosis* without conspicuous phobias were in 1896 carefully distinguished by Freud from the psychoneuroses.[1] The clinical picture of neurasthenia is dominated by general irritability and lassitude, and a variety of chronic organic complaints. The primary indication is for persuasion of the patient to substitute normal erotic practices for coitus interruptus, protracted sexual abstinence, or excessive masturbation. The abnormal sexual life itself, however, is very frequently the result of a neurotic problem. Therefore this instruction should often be supplemented by psychoanalysis, for the apparent reasons why the patient limited his erotic gratification are often rationalizations, and the primary reasons are unconscious problems of a psychoneurotic type.

*Narcissistic character* is the analyst's term for a variety

[1] See pages 168–9.

of personalities distinguished by extreme egocentricity, defective interest in and tenderness for other people, marked hypersensitivity to withdrawal of affection and approval by others, excessive need of praise, and a paradoxical combination of over-evaluation of their own goals in life and feelings of inferiority evoked by the inevitable frustration of their over-ambitious phantasies. The milder types are closely allied to psychoneurotic characters, so that the diagnosis is often optional. Many overt homosexuals are extremely narcissistic; for they can love only one who is like themselves. Narcissistic characters may often be much helped or even "transformed" by analysis, but the therapeutic prognosis is extremely variable. The more evidence there is of definitely psychoneurotic problems in combination with their narcissistic traits, the better the prognosis. Those varieties which are very unassertive and readily accept entirely dependent and passive roles are especially difficult. Mild "*schizoid characters*" may be much helped, but they and "*paranoid characters*" should never be treated by analysts without general psychiatric training.

Still more serious psychological disturbances, such as *alcoholism*, *drug addiction*, *psychopathic personality*, and *criminality*, have occasionally been helped by analysis.

*Psychoses.* The psychoanalysis of the psychoses must be discussed with much less certainty and with more reservations. Certainly the applications of psychoanalytic knowledge of the psychoneuroses, as well as special studies of psychoses by analytic methods, have vastly extended our understanding of psychoses. Today a delusion or hallucination appears no longer a bizarre and meaningless aber-

ration of normal mental function, but, instead, a phenomenon of definite meaning and a purposeful causality. On the other hand, some aspects of the basic etiology and functional structure of psychoses are still very obscure or unknown.

Therapeutically, psychoanalysis can speak most authoritatively of *manic-depressive psychoses*. The first thorough studies were made by Abraham, who concluded that two types should be distinguished: those cases in which a careful history showed that each psychotic episode was preceded by a definite psychological trauma, most commonly the loss of a loved person through death, quarrel, or rejection; and, secondly, those in which no correlation of psychopathology and life events was possible. Abraham concluded that psychoanalysis is of no therapeutic value to the latter group, in which the biochemical constitution of the individual is the dominant etiological factor, but that psychoanalysis of patients in the former group, carried out in the intervals when they are apparently normal and neither extremely depressed nor excited, is often of fundamental value and succeeds in preventing future psychotic reactions. This remains today the general opinion of psychoanalysts.

The *schizophrenias* (dementia præcox) have evoked intense interest among analysts, as among other psychiatrists. Invaluable contributions to the understanding of their psychology were made by Abraham, Jung, Freud, Tausk, Nunberg, and others. But, until recent years, analysts were generally agreed that psychoanalysis was of no therapeutic value. This nihilistic viewpoint was influenced by German and Austrian psychiatry, in which the

assumption of organic and hereditary etiology was far more dogmatically upheld than in America. To this influence the analysts of Germany and Austria added a special pessimistic dogma of their own by erroneously assuming that a patient whose diagnosis was schizophrenia was *ipso facto* incapable of an emotional relationship to the therapist. This was a flat contradiction of an accurate observation which also discouraged analysts from attempting the therapy of schizophrenia — namely, that the emotional situation produced by analysis sometimes accelerated the outbreak of psychosis in predisposed patients.

Freud and the Swiss psychiatrist Bleuler have had more influence on American psychiatry. The leaders here have been quite free from the dogma that schizophrenic patients inevitably deteriorate, and have extensively studied the relationship of past situations and present environment to this disease. As a result, American psychoanalysts who have studied psychiatry under such men as August Hoch, Adolf Meyer, C. Macfie Campbell, William A. White, and Earl Bond have been far more progressive and optimistic in attempting the psychotherapy of schizophrenia. Bernard Glueck, Gregory Zilboorg, and other American psychoanalysts report results which have fully justified their efforts. Other psychiatrists — notably Harry Stack Sullivan — who have studied and applied psychoanalysis, but whose technique differs even more from that used in the analysis of the neuroses, have demonstrated similar results. There can now be little doubt that skilful and prolonged psychotherapy definitely ameliorates or cures the more morbid features of some cases. The question is still open whether psychoanalytic technique is as

specifically preferable in schizophrenia as it is in the psychoneuroses. Theoretically, it would seem that the creation of a personal emotional relationship is the major goal of schizophrenic therapy, at least in the first months of treatment, whereas in the psychoneuroses this potentiality already exists and is not the goal, but the instrument ready to hand for psychoanalytic therapy.

My own opinion is that therapeutic analysis is highly to be recommended in selected cases of schizophrenia, and will sometimes be successful. Especially in the milder cases, and in those where the psychosis is incipient rather than active, such undertakings involve risks comparable to those of radical surgery. But the seriousness of schizophrenia justifies the risk of accelerating the psychotic process in many cases. The nicety of medical judgment required in deciding whether to take the risk, and, above all, full recognition that such a risk exists in the more obscure cases, are the strongest of several arguments that a good training in general psychiatry should always antedate specialization in psychoanalysis itself.

*Paranoid psychoses* have also been treated occasionally by psychoanalysis. My impression is that severe cases are less amenable to analytic therapy than many cases of schizophrenia, but that in those cases where the paranoid process involves only a limited portion of the patient's intellectual and emotional life, the probability of complete cure is considerably better.

*Organic Illness.* The many intimate relationships between the theory and the practice of psychoanalysis and the organic medical sciences inevitably awakens interest

in the practical application of analysis to bodily disease. The increasing recognition by internists of psychophysiological relationships in such conditions as Grave's disease, gastric ulcer (Harvey Cushing), and epilepsy (Stanley Cobb) is especially stimulating to analysts today. Psychological interest will hardly extend to conditions where permanent destruction of tissue is the major problem, but will be chiefly concerned with those conditions in which medical internists are becoming more and more cognizant of the vital etiological role that is played by the emotions.

Incidental observations during the analysis of psychoneuroses have frequently shown the possibility of definite therapeutic effects on *incidental* organic processes. All degrees of chronic and intermittent *constipation* are very regularly relieved during analysis, as a result of the better functioning of the total organism, without special attention to these symptoms. Less regularly, but not infrequently, similar cures of other minor ailments of the gastro-intestinal tract occur. More frequent still are the cures of a variety of troublesome *disorders of menstruation*, coincidentally with the relief of the emotional difficulties of female psychosexuality. A therapeutic effect on a variety of other common complaints is also frequently observed, such as various *rashes*, and *dermatitides*, *constant colds*, *headaches*, *functional polyuria*, etc.

More serious organic conditions, in which an intimate etiological relationship to disturbances of the sympathetic nervous system and to chronic and acute emotional tensions is recognized, may justify psychoanalytic therapy. Especially is this so where internists themselves are dis-

satisfied with present therapeutic methods. If a psychoneurosis is also present, it is definitely indicated. But it should be kept in mind that an organic neurosis may be the result of primarily emotional disturbances identical with those which in other patients produce psychoneuroses. Why in one case the eventual release of tension leads to hysterical dysfunction of either motor or sensory systems, in another the discharge is localized in that portion of the sympathetic system supplying the thyroid, and in still others it is localized in the gastric portion of the autonomic system, we may not discover. But at least we may recognize that the same fundamental tension may be released through any of these channels and psychoanalysis, though it cannot affect the tissues which are already damaged by the process, offers the most thorough method of studying the primary tension itself as an entity, and of establishing permanent channels of normal discharge.

The theoretical and the practical goal which analysts will seek in such cases is, by the attenuation of repressive functions, to enable the individual to relieve tensions in the normal social functions of the total personality, which previously secured no such discharge, and consequently were localized by pathological organic stimulation.

Psychoanalytic treatment of *idiopathic epilepsy* may unhesitatingly be recommended for cases without deterioration and with only a moderate frequency of seizures, in which there is superior intelligence, good evidence of capacity for some degree of normal achievement, and a reasonable desire to co-operate in therapy. Some results have been very good, and the character defects are favourably affected even more regularly than are the seizures.

Cases have been reported in which good therapeutic results were obtained in psychoanalytic treatment of *migraine, bronchial asthma, chronic gastritis,* and *essential hypertension,* after other therapeutic methods had failed.

## Analysability of Patients

Analysis, in contrast to other therapies, is not a procedure in which the patient is a passive recipient. The analyst's role is comparable to the "pro's" in golf, who may instruct and direct and indicate the reasons for failure; but the pupil makes the shots. The competent "pro" may help his pupils to improve their games, and some very remarkably; but not infrequently a pupil will be so deficient in aptitude as not to warrant the effort and expense. Similarly, every human being has some infantile, psychoneurotic difficulty and some stamina and capacity to secure the normal gratifications of maturity. When either of these opposing elements is notably small, analysis need not be recommended: in the one case the need is insufficient, in the other the possibilities of eventual gain too small.

The patient in analysis undergoes a difficult experience. He must be able to accept at times a certain increment of misery in his immediate life because of the expectation of eventual benefits. Each discovery of things about himself so painful that he has completely denied their existence previously and accepted the suffering of neurosis instead is at first accompanied by an exacerbation of tension, accompanied by efforts to deny and disprove them. For temporary periods his friendships and family relationships

may become sources of intense irritation and bitter disappointment. At other times he will despair of any favourable potentialities in himself, of any value in psychoanalysis, of any friendship or goodwill on the part of the therapist.

The capacity to undergo such stresses is an excellent indication of a person's capacity to face the *real*, externally conditioned difficulties of life after analysis. Its presence or absence is often not obvious, though the analyst, because of his experience in appraising unconscious reactions, can generally form some estimate in advance. In doubtful cases he may recommend a short period of "trial analysis" in order to appraise the problems and potentialities of his patient more completely.

A number of factors affect post-analytic potentialities. We shall discuss chiefly those of age, intelligence, "Ego potentiality," "secondary gain," and "real situation."

*Age and General Intelligence.* Chronological age is a rough measure of total life experience; the more mature a person's experience is, the more readily he will utilize the analysis. This is partly due to a general capacity to deal more effectively with childish impulses and to accept the inevitable difficulties of adult life, but even more to the fact that it is only the repetition, as years go on, of failures and suffering that brings to an intelligent neurotic the conviction that the trouble is with himself and cannot be ascribed entirely to ill luck or the faults of others. On the other hand, with advancing age the personality gradually loses its plasticity and capacity to adopt new attitudes and behaviour patterns. So, in general, an analysis will

proceed more quickly to an effective result in the twenties and early thirties, but is also often to be recommended in adolescence and later years.

Though analysis is primarily concerned with instinctual and emotional reactions, and not with one's intellectual appraisal of them, intelligence is an essential instrument in securing this goal. The feeble-minded cannot be analysed (unless, possibly, when the feeble-mindedness is due to emotional inhibition of a constitutionally sound intellect), and a high-grade intellect will facilitate progress very considerably.

"*Ego potentiality*," or, let us say, potential "*strength of character*," is an indefinite term to express certain factors which are hard to define, but are of the utmost importance in prognosis. By "Ego potentiality" let us denote a certain capacity for fighting difficulties, "grit," the ability to "come back" and try again after neurosis has led to a series of débâcles. To speak somewhat more precisely, it is the capacity to endure an excess of emotional tension, to strive for reasonable goals in spite of inner difficulties which tempt one to accept the decision: "I am just made that way; let the others make the most of it," as an excuse for withdrawing from struggle. During analysis itself, these assets will be clearly apparent during the more difficult periods, when a neurotic patient must temporarily accept a certain increment of painful tension in order to attain the ultimate goals of the analysis. Sometimes the old neurosis will seem temporarily a much more desirable state, a less painful solution of conflicts, than the immediate effort to discover its unconscious sources and eradicate them. People who are not neurotic may best com-

prehend these matters by realizing that the most serious strains imposed by the outer difficulties of their own life struggle are duplicated and magnified by the inner strains of emotional pressure in the person with a neurotic problem. In other words, the patient's capacity to fight the neurosis is a great asset in psychoanalytic therapy, and it varies as greatly among individuals as does the degree of neurosis itself.

The amount of Ego potentiality is not always immediately apparent. One reason is that it may be utilized preanalytically in the structure of the presenting neurosis. This is notably the case in those manifestations technically known as "*reaction formations*" against an infantile impulse. Thus, in some neurotic characters the excessive pressure to dominate situations, to assert emphatically one's individuality in unsuitable ways and circumstances, is the most obvious evidence of conflict and the most persistent cause of failure. Analysis often discloses that this type of egocentric arrogance is the result of constant need to deny passive wishes, to deny excessive infantile needs to receive and be supported. After a successful analysis, normally passive needs become acceptable and can then be enjoyed in relations with certain people and in certain sublimations such as "taking in" music. The former capacity for assertion is then no longer exhausted by the neurotic need to deny the passive impulses, but becomes available for useful and pleasurable adult aggression. In other cases Ego potentiality may be largely absorbed by the struggle to attain special privileges and attentions; assertiveness, though an asset in itself, is then utilized in a purely childish way. In still other cases the aggressive components of

the personality are not utilized in " reaction-formations," but are more or less completely inhibited and unconscious. This is often so in cases of impotence and of many men who have relinquished more or less completely any authority in family affairs and then suffer from the unconscious revenge impulses of wives whose own feminine phantasies of a " big man " are unfulfilled.

Thus it is very often individuals, such as the lady who gave up analysis and then telephoned the analyst by " mistake," who most resent undertaking psychoanalysis that have the most Ego potentiality and therefore offer the best prognosis. Such people will feel intensely that life is extraordinarily difficult because of personal problems, but will over and over reject consideration of an analysis because of their admirable but futile reluctance to accept help for problems they want to solve entirely without aid. Eventually the causes of rejection of treatment prove to be the potentialities of a strong character, and they are only to be regretted when the individual never comes to accept the fact that a perpetual fight against inner problems is foredoomed to failure more often than many of the most difficult battles with outside obstacles. Honest skepticism about analysis is usually a good prognostic sign if it is not so extreme as to prevent making a determined effort to utilize whatever the method may have to offer. On the other hand, a naive, exuberant conviction at the beginning of treatment that the analyst will surely point the way to an untroubled existence, that analysis is magic which dispels the cares of life, forebodes very special difficulties after treatment is well under way.

The potentialities of mature adjustment may be very

limited in some individuals whose apparent neurosis is not especially severe. An understanding estimate of their personality will show very meagre indications that any portions of their personality are really adult, or that any strong drive to combat the infantile portions exists. For example, there are men who really have little wish for anything but to be taken care of, and no innate tendency to fight this inclination. And there are women who wish nothing but to be given presents, who have no strong desire, conscious or unconscious, that there be other children in the world besides themselves, will always prefer clitoris masturbation to a real man's love, and make an insignificant contribution to either family or social life. Extreme cases of this kind contra-indicate analysis; for there will be no portion of the personality striving to utilize the treatment for eventual maturity, and the patient will permit it to have no other significance than that of an enjoyable hour a day of the doctor's exclusive attention so long as he will put up with it.

"*Secondary gain*" may probably be considered a special case of Ego potentiality. At an rate, it is a very important factor in analytic prognosis. "Secondary gain" comprises the secondary benefits which people with neuroses strive to obtain from their symptoms. The etiological factors which we have hitherto discussed comprise a "primary gain," in that the symptom or other neurotic manifestation is itself the adjustment ensuring the maximal pleasure of which a personality struggling with this or that unconscious conflict is capable. "Secondary gain" is the result of the effort to win from the neurosis itself a "bonus," consisting in additional pleasures which could

not be obtained without it. Thus the primary gain of a hysterical symptom, as has been shown, is the solution of the tension between an unconscious sexual wish and the need for punishment. But, once established, the hysteric utilizes his paralysed arm as an excuse to do no work, his nausea as reason for special attention in the preparation of his food, his tantrums as a threat to people who do not do what he wants them to do. Gradually, especially if the neurosis is severe, and the Ego potentiality small, he will discover one childish means after another by which he may get people to do what he likes and not to do what he does not like.

The most common of these "secondary gains" is the abnormal use of emotional masochism, so that in cases with marked secondary gain the fact that the patient can love his symptom and enjoy his misery may be quite obvious to everyone.

Secondary gain is often, in chronic cases, more apparent than the primary symptoms themselves. It is often treated as though it were the neurosis itself, and is largely responsible for the attitude of many clinicians that neurotics are nothing more than annoying individuals who pick up a fuss and act like spoiled children. The fundamental pathology of the personality is then ignored.

On the other hand, a large group of therapists treat the secondary gain by logical and emotional suasion. But the sum of the temporary improvements that result is often more than balanced by the habits of increased secondary gain which ensue. For undergoing treatment itself is generally a secondary gain, and many neurotics come to

require the physician's paternal sympathy and interest in their symptoms and in a few years are going from one treatment to another and one physician to another, until the pleasure in medical treatment, or sometimes in quackery, constitutes the major evidence of the neurosis. On the other hand, the assumption of a harsh, intolerant attitude will merely send such patients to other physicians or to illegitimate purveyors of pseudo-medical help.

The analyst, in contrast to many other psychotherapists, does not regard the secondary gain as the primary occasion for treatment, but as an important obstacle to be circumvented in his work. Not infrequently, secondary gain is so great as to impede seriously or entirely preclude successful analysis. For the patient has learned to derive so much that is satisfying from such secondary gains that the advantages outweigh the suffering. Completion of analysis requires more than a theoretical idea that it might be nice to be mature; it requires a reasonable expectation that life will be pleasanter without the neurosis.

Secondary gains of such proportions that analysis is rendered ineffective are especially easy for the wealthy to maintain. With sufficient funds, a neurotic may hire exactly the type of personalities he likes to wait upon him, demand whatever sort of pampering he may require from those he pays, and autocratically nourish the fear of dismissal in those that attend him, much to his own satisfaction. It cannot be denied that under such favourable circumstances, a neurotic may work out a far more pleasurable existence than is granted to many a non-neurotic. Some of the largest incomes among graduates of our medical schools are earned by specializing in ministering to the

secondary gains of these wealthy invalids in luxurious cradles, and disguising it by the flimsy veil of some sort of medical terminology.

Secondary gain increases with neurotic chronicity, and this is the chief reason for advocating analysis while the neurosis is still mild. Too often, every ameliorative form of treatment is tried first, and by the time the analyst is consulted, the patient's original ardent desire and will to be cured is smothered in the excitements of habitual illness.

*Real Situation.* The therapeutic prognosis can also be impaired by life problems over which the patient has no control. It is true that the analyst discovers how many of the apparently accidental misfortunes of a neurotic's life are the direct result of his own specific unconscious tendencies. And it is also true that during and after analysis there is often a spontaneous shifting of personal relationships, and increased capacity to avoid unnecessary complications in everyday life. On the other hand, a natural tendency to work out more satisfying environmental relationships after analysis is occasionally thwarted by real external situations. Those very relationships with other people which originally were conspicuous factors can sometimes not be renounced, even though the patient no longer himself requires the infantile gratifications and the suffering they afford. Such, for example, may occur in large and concentrated family relationships, where a dozen or so other members are as neurotic as the patient himself; in exceptional cases they may practically compel a cured neurotic to resume his neurosis, as the only method

of survival. Economic stresses may play a decisive role. In order to earn his own or another's livelihood no new arrangement of his life is possible. No individual is a unit, and not only are his mature emotions constantly mingling, stimulating, and responding to those of others, but this is equally, or more, true of repressed impulses. The infantile sadism of one personality responds to the infantile masochism of another, and demands it even though the other, unconsciously as well as consciously, after analysis desires a more mature relationship. Thus a neurotic employer may unconsciously be incensed because his cured subordinate no longer utters tirades of abuse, and discharge the employee, really because he is no longer neurotic.

*Summary.* Age, intelligence, ego potentiality, real situation, and secondary gain are, therefore, a few of the factors, in addition to the symptomatic picture and the ability of the analyst, which determine therapeutic prognosis. It is immediately clear that they are too variable for any schematized recommendations to be formulated. The actual finesse of judgment based on ample clinical experience is, however, far less than these complications seem to imply. One may summarize by saying that any considerable degree of symptom or character neurosis, and some other conditions, are positive indications for psychoanalysis. The negative factors in prognosis, if they are decisive, will generally prove themselves automatically and conclusively in a relatively short period. Most patients with poor potentiality will either not undertake or soon discontinue the effort to be analysed, with neither harm nor lasting benefit.

In deciding whether or not to recommend analysis, the psychoanalyst himself is generally in a far more favourable position than his colleagues. Not only has he greater experience with the various factors involved, but he can especially appraise more readily and to some extent predict the complicated *unconscious* dynamics. It is not always those most obviously in need, or those who appear the poorest patients for analysis, who have the least to gain. Very often those who struggle most against a positive recommendation show the most gratifying results. On the other hand, injustice is often done to patients by the opinion that psychoanalysis is good therapy only if everything else fails. A patient who is riddled with cancer matastases is not the test of surgical efficacy, and the unfortunate whose life is a *complete* disaster is not the only test of analytic therapy. Rather, it is in general those who can be helped somewhat for a long time, or a great deal for a short time, by other methods of therapy who can be helped most decisively by analysis.

## Therapeutic Results of Psychoanalysis

A logic-tight demonstration of the therapeutic results of analysis is utterly impossible. Even in medical therapies the smaller number of variables and the questionable reliability of some of the data present an onerous and often impossible task to the scientific statistician. In psychoanalysis the variables in the people passing judgment, in the personalities, factors, and symptoms affected by treatment, and in the criteria of " authentic " psychoanalysis mount into hundreds and thousands. No one except a

mathematical fanatic would attempt a conclusive statistical estimate.

The estimates of patients themselves *during* analysis are unreliable. Their statements of discovery of vital, previously unconscious trends and experiences are valid, but this in itself is no index of the therapeutic value. Sometimes their emotional reactions during a treatment and for a short time subsequently nullify as effectively the rationality of their enthusiasm as they do the rationality of their discrediting of analysis during other periods. The retrospective conviction of presumably successful cases that later periods of their lives have been much happier and more successful as a result of analysis is a more valuable criterion, but not to be advanced as final. The basis of satisfaction is sometimes more apparent to the patient and those few closest to him than to casual friends, though not infrequently the external manner and appearance of people undergo a marked improvement which is obvious to all.

The confidence that the intimate friends of patients have in analysis has perhaps done more to promote the most desirable type of partisanship for psychoanalysis than any other single agency. It is they who see most clearly, and at the same time objectively, the beneficial results. Nevertheless, the individual opinions of such intimates are also sometimes extremely unreliable. The alteration of some aspects of a personality which were previously very pleasing to a friend may produce a marked bias in the judgment, though the patient himself finds new friends and interests which he values more. A group of women who do not associate with men may severely criticize the "change" in an analysed friend because she is less re-

sponsive to their enthusiasms and hobbies since heterosexual life and prospects of a happy marriage and motherhood have come to dominate her conscious attitudes. A wife who had found a large measure of enjoyment in domineering in the home and "mothering" her husband may miss in some degree these pleasures and declare him worse after analysis, completely oblivious of the fact that the happiness she derives from his increased tenderness, consideration, and potency is also the result of his analysis. On the other hand, a wife's enthusiasm may, when carefully examined, have no more significant basis than that there are fewer visits to her mother-in-law.

If anything, the carefully intellectualized appraisals of medical colleagues are less often valid than circumstantial opinions and impressions. In addition to the emotional sources of opposition common to all human beings, such as the violent pressure to deny the existence of infantile sexuality, physicians are often entrenched in tradition, idealize the study of organic diagnoses and researches to which they have consecrated their own lives, and sometimes bitterly resent the convictions of analysts that mastery of Freud's technique yields a vast amount of empirical data and an etiological therapy. If there be a bias, there is never a lack of opportunity to justify an adverse opinion of analytic therapy. No analyst has ever eliminated *all* personality defects and evidence of neurosis in a single case, and critics confirm their adverse criticisms by observing these as readily as a man discovers the faults of one he hates.

But even the most impartial and objective critics are extremely handicapped in their appraisals by the fact that

so many patients state that they have been "analysed" when no such procedure was undertaken, or when it was undertaken by one who exploited the word "analyst" without understanding the science and technique of analysis at all. Other patients have had only a very short period of analysis and have discontinued it themselves or been advised that results would not repay them. The general conception of what is and what is not psychoanalysis is very confused, except among analysts themselves.

On the whole, it would seem to analysts that their own impressions are not the least valuable criteria. Most of them have been disciplined in medical science and have assimilated its heritage of scientific ratiocination and skeptical scrutiny. True, they have as natural an inclination to esteem their own work too highly as have other human beings, but the inclination and aptitude of their analyst colleagues in detecting flaws in their reasoning and overestimation of their successes is quite on a par with any other group of specialists. Certainly they are in a position to appraise all aspects of therapy as no other critics are. They know the details of each patient's previous experience, even those which he has most scrupulously concealed from his intimates. The analyst does not need to compare the lives of his patients with some personal theory of what a man *should be*, for he can compare the actual lives of a series of patients before and after analysis in every detail.

The criteria of cure are also very difficult to establish. Cures of symptoms are never regarded by analysts as significant data, except occasionally symptoms which have been unrelieved by repeated therapies of other kinds. Ab-

sence of recurrences and of further need for psychotherapy after analysis is of greater value. The analyst's chief basis remains the general adjustment to life — the capacity for attaining reasonable happiness, for contributing to that of others, and for dealing with the strenuous problems of maturity in an adequate way. Very important criteria are the reduction of an unconscious, neurotic need for suffering, of neurotic inhibition, and of infantile dependency; and the increment in capacity for responsibility, for success in marriage, social friendships, and profession, and for pleasurable sublimation, relative to the patient's potentialities prior to analysis.

Wilhelm Reich has attempted to simplify this problem by proposing that there is one precise and specific criterion of the cure of neurosis in adults — the attainment of complete gratification in erotic relationships with a mate who is tenderly and consistently loved. His rationale is most clear to analysts, whose opportunity to observe the extraordinary parallelism of the complex reactions of a total personality and the cruder features of his love-life is not approached by others. The more details one learns about both the complex and the simple functions, the more striking is this parallelism, just as though genital functions were little miniatures of any individual's total personality. Reich's suggestion is based, therefore, not on the assumption that erotism is the only important aspect of life, but on evidence that it is the most specific criterion of the totality of the psychological function. It is inapplicable to a few rare personalities with an unusual capacity to sublimate every need without direct genital experience;

but in general the suggestion is useful to analysts, for they are in a position to know the complete details of this function.

The best available report of therapeutic results is that of the ambulatory clinic of the Berlin Psychoanalytic Institute over a ten-year period. "Cured" is defined in the psychoanalytic sense of an essential personality-change resulting from a fundamental redistribution of instinctual energy formerly exploited by the neurosis, and as far as possible the cure is checked by post-therapeutic follow-ups. "Much improved" denotes an essential and worth-while change, but with considerable evidence of neurosis persisting; most of these would be "cured" by a short second period of analysis. A symptomatic cure resulting, not from a fundamental change in the personality dynamics, but from the temporary effects of the therapeutic relationship on the symptoms are classified as "improved." Cases in which the analysis was "interrupted" are chiefly those doubtful ones where a short trial was made, and terminated by a negative recommendation as "uncurable" by the analyst. The compiler calls attention to the fact that these results are somewhat less satisfactory than those of private practice, for the following reasons: first, nearly half of the treatments were given by students undertaking their first analyses, though their failures were much reduced by the instruction and careful clinical supervision obtained at the institute. Secondly, a larger number of cases involved novel problems than in private practice. Thirdly, economic and other practical considerations more often lead to premature termination of treatment; for example, the practical necessity of patients from other cities

returning home, and the imminent need of many of the patients to leave Berlin to earn a livelihood.

The table on the opposite page is an abbreviation of the reports compiled by Dr. Otto Fenichel.

## Psychoanalysis of Children

The direct and modified clinical application of psychoanalytic principles to the psychoneuroses and personality problems of children has recently become an important specialty. It was inevitable that the discovery of the continuity of conflict from the earliest childhood years until it culminates in the neurosis analysed in the adult should lead to efforts to treat these problems *in statu nascendi.* Freud's analysis of the phobia of the five-year-old boy, with the splended assistance of the father of the lad, crystallized the possibilities of child analysis. There are now in Europe two schools of child analysis, differing fundamentally in their methods and principles.

The methods of Melanie Klein and her followers in London resemble more closely those of adult analysis. The main difference is the substitution of play for verbal free association. The little patients are given the opportunity to express their phantasies and eventually their typical conflicts in the spontaneous invention of games. The role of the analyst is to interpret the secret or unconscious significance of the play. Even more clearly than in adult analysis, this leads to a freer expression of the revengeful sadism of the thwarted child, and a gradual diminution of the associated anxieties which are so intense in the child and fundamental in his conflicts.

## PSYCHOANALYTIC TREATMENT

# CORRELATION OF DIAGNOSIS, DURATION OF TREATMENT, AND RESULT. *POLYCLINIC OF THE BERLIN PSYCHOANALYTIC INSTITUTE* (1920–9) *

| Diagnosis | Cases | | | Duration of Complete Treatments in Months | | | | | Result | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total | Incomplete | Complete treatments | 6 | 12 | 18 | 24 | Longer | Unhealed | Improved | Much improved | Cured |
| Psychoneuroses, etc | | | | | | | | | | | | |
| *Anxiety Hysteria* | 57 | 25 | 32 | 11 | 4 | 7 | 5 | 5 | 2 | 10 | 6 | 14 |
| *Hysteria and Hysterical Character* | 105 | 31 | 74 | 19 | 22 | 18 | 7 | 8 | 6 | 22 | 21 | 25 |
| *Compulsion* (and *Obsessional*) *Neuroses* and *Characters* | 106 | 35 | 75 | 11 | 17 | 11 | 15 | 17 | 6 | 18 | 26 | 21 |
| *Neurotic Inhibitions* (including genital dysfunction) | 80 | 24 | 56 | 6 | 17 | 16 | 7 | 10 | 5 | 15 | 15 | 21 |
| *Neurotic Depressions* | 37 | 13 | 24 | 4 | 8 | 2 | 5 | 5 | 2 | 10 | 5 | 7 |
| *Stuttering* | 13 | 3 | 10 | 2 | 3 | | 3 | 2 | 3 | 3 | 1 | 3 |
| *Tics* | 4 | 2 | 2 | | 1 | 1 | | | | | | 2 |
| *Character Disturbances* | 37 | 7 | 30 | 7 | 6 | 11 | 4 | 2 | 4 | 12 | 8 | 6 |
| *Homosexuality* | 8 | 4 | 4 | | 4 | | | | 4 | 4 | | 1 |
| *Perversions* | 8 | 3 | 5 | 1 | 3 | | | 1 | 1 | 1 | 1 | 2 |
| Psychoses | | | | | | | | | | | | |
| *Manic-depressive Disturbances* | 14 | 5 | 9 | 1 | 3 | 1 | 2 | 2 | 2 | 4 | 2 | 1 |
| *Schizophrenia and Schizoid Personality* | 45 | 26 | 19 | 4 | 7 | 4 | 2 | 2 | 8 | 8 | 2 | 1 |
| *Paranoid* | 2 | 1 | 1 | | 1 | | | | | 1 | | |
| *Psychopathy* | 23 | 18 | 5 | | 3 | | | 2 | 4 | | | 1 |
| Neurasthenia and Anxiety Neurosis | 10 | 7 | 3 | | 1 | 2 | | | | 2 | 1 | |
| Organic Conditions | | | | | | | | | | | | |
| *Bronchial Asthma* | 2 | 1 | 1 | | 1 | | | | | 1 | | |
| *Epilepsy* | 6 | 5 | 1 | | 1 | | | | 1 | | | |
| Total Analytic Treatments | 604 | 241 | 363 | 70 | 108 | 74 | 51 | 60 | 47 | 116 | 88 | 111 |

* Compiled by Dr Otto Fenichel Published in: *Zehn Jahre Berliner Psychoanalytischen Institut*, edited by Dr Sandor Rado and Carl Müller — Braunschweig. 75 pp. Internationaler Psychoanalytischer Verlag, Vienna

Anna Freud, the daughter of the founder of analysis, and her followers in Vienna and Berlin, differ radically from Melanie Klein, in principle and method. Most of all she emphasizes that the neuroses of a child should not generally be treated like an adult's, because the child's Ego is undeveloped. The problems of childhood, she contends, are as much the problems of education as of analysis, because the preparation for adult life is necessarily one of achieving a control of primitive instinct as much as it is a problem of tolerating the control. Moreover, the child's problems are problems of his relationship to whatever environment he finds himself in, and change with a change of environment. The adult, a relatively finished product, is to a great extent responsible for the creation of his own environment. Though a change not infrequently ameliorates an immediate acute conflict of an adult, as a rule it eventually produces another emotional crisis in the new environment. The personality of the child, however, is not what determines his social constellation; it is the result rather than the cause and he reacts much more completely to every change in it.

A third contention of Anna Freud's, in contradiction of Melanie Klein, is that the child does not produce a typical "transference neurosis," and therefore his psychology is not adaptable to the technique of adult-analysis, slightly altered. The child is constantly reacting to the actual emotions of the people he meets, and does not reproduce the experiences of the past in his reaction to the therapist in the way which is typical of adult neurosis.

In her treatment of child problems Anna Freud's methods are more variable than those of the London school.

Direct influence by the therapist plays an active and real (rather than a passive and "transferred") role in the child's emotional life. There is more direct and educational control of the family and teachers of the child, the most effective being psychoanalysis of the parents' own unconscious attitudes to the children.

Anna Freud also teaches that in children with a definite symptomatic psychoneurosis, psychoanalysis is indicated, but this should be preceded by a lengthy period of non-analytic preparatory treatment. The older the child and the more definite the neurosis, the more closely her method approaches that of adult analysis. In adolescence, when the Ego and Super-ego are fully developed, adult sexuality biologically established, and the essential structure of the personality no longer altered by changing environmental stresses, the problem becomes essentially that of the adult. The main differences are that the adolescent patient, though his problem is the same, has not yet the experience to recognize fully his handicap in meeting the problems of the adult world; that it is rare for him to come for treatment on his own initiative, and recognize that the primary problem is himself and not other people; and that adolescence itself is at first a natural re-experiencing of the crucial problems of the infantile period, another opportunity for their solution. The ultimate outcome, how much of the conflict can be solved only by repression and its neurotic consequences, is not certain until adolescence is completed.

To some extent, the child analysts in Vienna have originated methods which resemble those developed independently in American child-guidance clinics. As there was in

Europe no profession which duplicated the thorough study and supervision of environmental situations by the American psychiatric social worker, the child-analysts in Vienna have recruited and trained school-teachers for a somewhat similar type of work. As a result, the psychoanalysis of teachers, as a procedure of special value in their work with children, has become quite as common as it is among social workers in this country. It has led to the development of special schools where modern pedagogy and analytically oriented principles have been interwoven.

The special features of child analysis have, however, been very inadequately represented in America. Though the general purpose of educational and foster-home methods are similar to that of some of Anna Freud's methods, there are few American specialists in child psychology who approach their problems with an expert knowledge of the *unconscious* factors in the parents and teachers of the child, as well as in the patients themselves. In Europe child analysis is regarded, not as a specialty for which the practitioner requires less preparation than for adult analysis, but as one to be entered only after full competency in adult analysis has already been attained. No institute of psychoanalysis permits the treatment of children — by the methods of either Anna Freud or Klein — until the full curriculum of psychoanalytic training for the psychoanalysis of adults had been completed.

# PART IV

# THE PRESENT STATUS OF PSYCHOANALYSIS

# CHAPTER NINE

## THE PRESENT STATUS OF PSYCHOANALYSIS

SIGMUND FREUD had, in 1896, not learned that he who first discloses an example of the sexual inclinations of the human race to those who, as normal individuals, have repressed, in part, their own, will be ridiculed at best, more often reviled. This caused his bitterest disappointment, when, one evening in 1896, with unsophisticated enthusiasm, he offered his discoveries to the Vienna Medical Society for scientific discussion. The scientific report was received with indignation; Freud had learned that scientific objectivity is usually drowned in subjective passion when the topic is one of the basic motives of human nature, shared alike by scientist and peasant. His ability to segregate himself, in the decade that followed, from men he had wished as colleagues, to pursue alone empirical truth, where the quest meant ostracism and falsified malignment, has proved his character to have been as great as his mind was penetrating.

*Professional Organization.* For ten years Freud worked alone. After 1902 a few students had already begun to study with him in Vienna, and in 1907 Bleuler, Jung, and

Eitingon of Zürich, where interest in the new science had been active since 1902, undertook formal collaboration in his investigations. In 1909 Stanley Hall, president of Clark University, invited Freud and Jung to lecture in America. Dr. Abraham Brill, after study in Zürich, was already practising psychoanalysis in New York and familiarizing Americans with the works of Freud by his translations. He and Dr. James Putnam, Professor of Neurology at Harvard, now became the leaders of clinical analysis in America. In 1908 the first international Psychoanalytic congress was held, in Salzburg, and in 1909 the first psychoanalytic journal was published. In 1910 the International Psychoanalytic Society, with branches in Zürich, Vienna, and Germany was founded; subsequently (except during the war), it has met every one or two years, and the national branches include the societies in Hungary, Holland, England, America, France, India, and Japan.

There are now eight psychoanalytic journals, including three in English: the *Psychoanalytic Review* (founded in 1913, by Smith Ely Jeliffe and William White), the *International Journal of Psychoanalysis* (1923, by Ernest Jones), and the *Psychoanalytic Quarterly* (1932, by Dorian Feigenbaum, Bertram Lewin, Frankwood Williams, and Gregory Zilboorg).

The New York Psychoanalytic Society was founded in May 1911 by Dr. Abraham Brill, and now has fifty-three full members. The American Psychoanalytic Association was founded in 1913, and in 1932 was reorganized by Dr. A. Brill as a Federation of the New York, the Chicago, and the Baltimore and Washington Psychoanalytic So-

cieties; it admitted the Boston Psychoanalytic Society in 1933. The purpose of the American Association is in part scientific; it will also provide membership in the International Psychoanalytic Society, and in the future control standards of education, membership, and ethics which will eventually make membership an official recognition of suitable qualifications for the practice of analysis. Other small local groups of analysts have formed in Philadelphia, Topeka, Detroit, and other cities, and will eventually be admitted to the American Association.

*Psychoanalytic Education.* One development of outstanding importance to psychoanalysis is the recognition of the special training necessary for its skilled practice, and the organization of such training within the past decade. The earlier pioneers, most of them men of very exceptional gifts, of necessity travelled only the rocky road of experience; there were no signposts, except those set up by laboriously acquired experience, to show how to avoid the errors to which uninstructed beginners are blind. Their only recourse was to informal discussions of common problems with their sparse colleagues. The first step towards a formal education came when the fundamental importance of the future analyst's himself undergoing a complete psychoanalysis was fully recognized and adopted by every conscientious student.

The purpose of this "*didactic analysis*" is, primarily, to ensure the practitioner of psychoanalysis against two tendencies which are common to him, his patients, and all other human beings. First, there is always the unconscious tendency to overvalue those personality problems which

one has oneself and to overlook what is subjectively less interesting but objectively more important. This tendency is most conspicuous and deleterious when it leads, during the study of others, to concentration on those conflicts in oneself which have been repressed and unrecognized. Secondly, there is the tendency erroneously to ascribe to others (through "projection") a predominance of those very traits which one dislikes so much in oneself as to deny their presence. These two sources of error must inevitably impair any analyst's ability to appraise his patient's problems, unless they are very carefully controlled and reduced as far as possible by "didactic analysis."

In addition, the didactic analysis is of pedagogic value in that the future analyst will thus most readily attain first-hand familiarity with the unconscious functions of the mind, and far more rapidly, if less completely, by this method than by study of others. Didactic analysis is the dissecting-room of analytic education. Subsequently the student is in a position to confirm, correct, and amplify his observations of the unconscious with more studious objectivity in analyses of his own patients. Furthermore, didactic analysis is the optimal way of learning by constant contact with an expert the principles and actual practice of technique.

In 1920, a new era in psychoanalytic history was inaugurated by the opening of the Berlin Psychoanalytic Institute. This was the culmination of the work of Karl Abraham, whose qualities as scientist and man had resulted in a nucleus of pre-eminent followers in Berlin, and of Max Eitingon, assisted by Ernst Simmel, who have inspired and administered this project. The Berlin Insti-

tute, until the dispersion of its members by the Hitler revolution, was notable not only for the quality of its work and its faculty, but also because here for the first time a psychoanalytic group was organized to provide clinical facilities for the psychoanalytic treatment of patients of small means, and to provide a systematic and thorough course of instruction to students in psychoanalysis.

The example of Berlin was soon followed in other European cities: Vienna, London, and Budapest. The work of these institutes has profoundly influenced the recent development of psychoanalysis in America, since many of the younger American analysts have studied at one of them during the last decade. This, in turn, has led to a fuller acceptance recently, in this country, of the need of systematic and thorough training for the practice of analysis, and culminated, in 1931, in the opening of the New York Psychoanalytic Institute, with Dr. Sandor Rado, long pre-eminent in the development of the educational functions of the Berlin Institute, as Visiting Director. In 1932 Dr. Franz Alexander, another eminent teacher in the Berlin Institute, opened a second American psychoanalytic institute in Chicago. This should be a landmark in psychoanalytic history, for its endowment has enabled analysts for the first time to adopt two major policies of contemporary American medical education: salaried teachers, devoting full time to the work of the institute; and a regular tuition fee such that analytic education does not involve its students in so much financial obligation as is unavoidable so long as psychoanalytic education is unendowed. The Boston Psychoanalytic Society,

under the leadership of Alexander in 1931, and subsequently Hanns Sachs, chairman of the Scientific Committee in Berlin, is laying the groundwork for a similar development of educational opportunities, while in Philadelphia the development of psychoanalytic education by Nunberg of Vienna has been sponsored by Dr. Earl Bond, Director of the Pennsylvania Hospital.

The major policies and functions of these various institutes are identical and are modelled on the Berlin example. They recognize that not everyone whose inclination is to become a psychoanalyst is well qualified. A high standard of personal character, maturity, and a *special aptitude for psychological investigation*, as well as thorough preliminary scientific training, are demanded before matriculation. Medical education and experience (or, in very exceptional cases, a comparable background in some non-medical profession) [1] is required, and the additional requirement of a minimum of one to two years' work in general psychiatry is becoming general in America. The curriculum consists of three portions, whose completion generally takes from two to three years' study: first, a "didactic analysis" of the candidate himself by an approved "training analyst"; secondly, a group of didactic courses in the theory of psychoanalysis; thirdly,

1 The problem of whether laymen should practise therapeutic psychoanalysis has long been argued Unquestionably a few individuals have fully proved that the exceptional layman may do pre-eminent therapeutic and scientific work, and medical knowledge is not indispensable when the diagnosis is carefully controlled by a physician. But there are strong arguments against lay analysis, and most medical analysts in America feel that the clinical and scientific discipline of general medical education and adequate experience in general psychiatry are essential to the fullest development of special aptitude for this profession.

" controlled analysis," the conduct by the candidate himself of several therapeutic analyses, under the direct supervision of an experienced teacher.

Each institute delegates its educational functions to " educational committees " which have taken over the former responsibilities, occasionally poorly met, of the individual analyst who accepted students entirely on his own initiative. These committees supervise the admission of candidates and the educational program, and pronounce on the final fitness of the students to enter on the independent practice of psychoanalysis. The election of members to the constituent branches composing the International Psychoanalytic Society is in recent years largely dependent on the satisfactory completion of such an educational program.

The results of these recent developments in organized psychoanalytic education should be not only a service to the science of psychoanalysis and to the students themselves, but a service to medicine and the general public as well. Hitherto a patient seeking a therapeutic analysis has necessarily been at a loss as to whether a particular individual who termed himself a " psychoanalyst " was properly qualified. Psychoanalysis has still such a small number of practitioners and is so recent an addition to the medical therapies that it has lacked that solidarity of tradition and authority which enables the medical profession, through its societies and schools and licensing boards, to offer the public a certain minimum guarantee of the fitness of its practitioners. Similar standards and authority are essential for the most effective safeguarding of psychoanalytic clientele. These recent developments in

standards of education and membership in a branch of the American Association should provide such minimum guarantees.

*Psychoanalysis and Psychiatry.* Besides the position which psychoanalysis has attained as a specialized science and therapy, its effect upon general psychiatric thought and technique has been profound. There is perhaps today no discussion among progressive psychiatrists which does not imply acceptance of some of Freud's discoveries. Especially is this true in America, where the influence of Dr. Adolf Meyer and his followers has resulted in a psychological orientation to psychiatric problems. In contrast to Europe, intensive investigation of the *conscious* subjective emotional life of patients, of their past personal attitudes and adjustments, as well as their present symptoms, of the relationship to family, friends, and community, has become a routine procedure in up-to-date clinics. Whereas the major contributions to psychoanalytic science itself have until now come from overseas, general psychiatry in America has been better prepared to understand and apply the contributions of psychoanalysis.

" The unconscious," the purposefulness of neurosis, and " repression " have become as much a part of the everyday vocabulary of the psychiatrist and psychiatric social worker today as of the psychoanalyst. The fundamental significance of childhood experience, and especially of family relationships of the past, in the life of the adult, and the compulsive tendency of neurotic individuals to create situations in life which duplicate emotionally those of their childhood, are today common professional knowl-

edge; for these are facts which may be corroborated by non-psychoanalytic investigation of suitable cases. The psychiatrist's recognition that childhood problems themselves are superstructures of the experience of the first five years of life has, however, necessarily lagged, for only by analytic technique can the infantile amnesia of psychoneurotic and normal people be circumvented, and adequate knowledge of the relationship of these earliest experiences to adult problems obtained. An opportunity is, however, provided for all psychiatrists to confirm many features of Freud's exposition of infantile sexuality by observing the behaviour and language of many psychotics, who often do not have a normal capacity for repression. Such experience has been a major factor in the decision of many psychiatrists to study psychoanalysis.

The influence of Freud has also been paramount in the general psychiatric recognition of the fundamental significance of sexual problems and some of the relationships between adult sexual difficulties and other aspects of maladjustment. Today an interrogatory study of each patient's *conscious* sexual life is a routine matter in the foremost American clinics, and masturbation is no longer regarded by their physicians as the most dreadful and harmful of habits.

Psychoanalysis is, therefore, valuable not only as an independent science and technique, but as a major contribution to general psychiatry. Nevertheless, analysts have good reasons for believing that their potential contribution to psychiatry has as yet been very inadequately realized. Though most psychiatrists today accept in abstract discussion the factuality of the unconscious and of infan-

tile sexuality, a full understanding of their significance and their phenomenology is less apparent in their practical work. The reason is that without mastery of psychoanalytic technique, and experience in its application to the neuroses, empirical data, and especially the dynamic interrelationships of isolated details is inadequate, and the Unconscious remains pretty much a theoretical concept. The chief clinical armamentarium of the psychiatrist is still, therefore, much more the study of conscious psychology than one would gather from theoretical discussions.

For example, a girl with an irresistible and irrational compulsion to steal pens and pencils is brought to a modern psychiatric clinic. Pens and pencils are known to be common phallic symbols, and, proceeding on this so-called "Freudian" hint, investigation reveals that the girl is preoccupied with erotic phantasies, relieves her tension by masturbation, suffers from feelings of intense guilt over this practice, leads one sweetheart after another to stimulate her genitals, flees in horror and rage, and commits her thefts only during such periods of special stress with a lover. This is considered an application of psychoanalysis; for the relationship of sexual problems to a neurotic condition, and the symbolic meaning of an everyday object, are recognized. Nevertheless, to inform the patient of these matters and advise her to worry less about her masturbation is to reject the really vital contribution actual psychoanalysis might make to this problem. It is to reject our knowledge that pencil-stealing is only a symptom of a problem which pervades her whole emotional life, and that this present problem of the patient is a new edition of problems of the very early years of life.

An intelligent man complains to a psychiatrist that he is very irritable with his wife, and feels his energy is so absorbed in worrying over trifles as to impair seriously his business efficiency. Psychiatric investigation of his conscious psychology discloses that his conjugal relations are very irregular — that he has strong scruples against intercourse without the definite purpose of procreation — and ascribes this to the rigid prudery of his upbringing. The psychiatrist expresses his own conviction that such ascetic morality is not conducive to health, instructs him in regard to contraception, and refers him to one or another contemporary book on the " art of love."

Again the psychiatrist has applied Freud's discovery of the relationship of the neurosis to sex life. But he has not given full cognizance to the psychoanalytic demonstration that the patient's conscious sexual difficulties are themselves predetermined — that the real problem is not the lack of sexual intercourse, but the unconscious factors which prevented *spontaneous* fulfilment of this and other natural inclinations.

There is no better indication of the prevalence of neuroses in modern society than the massive supply of literature, most of it serious and of beneficial intent, on how to make love, no surer proof of the distress resulting from psychically incapacitated sexual functions than the widespread intellectual exhortations to " self-expression." The experience of clinical psychoanalysis is that the intellect does not stimulate these functions, but serves chiefly only to rationalize and deny the emotional, unconscious sources of the inhibitions. If the unconscious guilt is effectively analysed, love is fulfilled naturally, without requiring a

special philosophy to justify it, or a handbook to guide it. Instruction in what every normal human being learns in the natural course of life has little effect upon a deep-seated problem. And to regard this as an application of psychoanalysis is to fail to understand how fundamental are unconscious punishment phantasies, and how inaccessible to conscious control or a revised " philosophy of life."

A " schizoid " girl may come to the clinic, complaining that she makes no friends, stays at home reading constantly, and is afraid of her employer. Careful clinical investigation reveals that she is over-attached to her father, and wishes chiefly his affection and approval. The psychiatrist demonstrates the relationship of her inadequate social life to a " father-fixation " and considers that he has confirmed and applied a bit of psychoanalytic knowledge. But not infrequently he overlooks the facts that most other girls have " father-fixations," and that it is not labelling this item, but " dissecting " the complicated and *unconscious* reactions of this particular individual to this and other less universal facts of childhood that distinguishes the patient's problem and requires a special treatment.

These compact illustrations of course conceal the fact that such conclusions and advice are isolated details of thorough clinical studies. They are not cited in order to minimize the fact that the resulting intellectual comprehension of the patient, and the emotional interplay of patient and physician, are often of therapeutic value. But they do suggest how these methods approximate less closely that of psychoanalysis than is often supposed. The similitude is chiefly in the theory of the clinical problem,

the terminology, and the intellectual interpretation of the data. The essential difference is that the basic etiological conflicts are either not adequately represented in the verbal material and transference emotions; or, when they are, they cannot be utilized effectively without the skilful and thorough analytic "working-out" of the transference neurosis itself. Psychoanalytic therapy is neither merely patient attention to free associations, nor their explanation; and this is the reason why analysts today urge a thorough specialized training in the use of their technique by those who, as investigators or as therapists, are specially interested in their method and results.

The contributions of psychoanalysis to general psychiatry, therefore, are the demonstration of primary factors in the etiology of psychoneurosis and character problems; a less complete but revolutionary elucidation of several aspects of psychosis; an important and integrated theory of instinctual dynamics; and a specialized technique for the effective treatment in many cases of the basic unconscious conflicts which are manifest as the symptoms and psychological problems of the patient. Another potential contribution, as yet inadequately realized, is the rational appraisal of the *unconscious* dynamics of other methods of psychotherapy. Whether one evaluates these or ignores them, they are always effective in the reaction of the human being to psychotherapy, as to other experiences of life. One cannot affect conscious psychology unless one influences unconscious psychology as well.

*Jung, Adler, and Rank.* Several of Freud's distinguished pupils, after several years of work in analysis,

have rejected it and founded " schools " of their own. The most notable of these are Carl Jung of Zurich, Alfred Adler of Vienna, and Otto Rank of Paris.

The " Individual Psychology " of Alfred Adler is the most widely known. His contribution to the actual science of analysis, before his separation in 1911 from the early Viennese group of analysts, is not negligible. The clarity of his later exposition of " feelings of inferiority " has furnished us with a useful term for describing this prevalent phenomenon, and his description of the " will to power " and the " masculine protest," the impetus which human beings feel to prove their feelings of inferiority unjustified, is important.

Psychoanalysts do not criticize Adler because his views are false, but because they are superficial, and because it is absurd to define all emotional reactions in this one formula. The " will to power " is obviously an important motive factor, but it is a part of the self-preservative Ego functions which Freud early showed were agents in repression. Adler accounts for conduct, character, and neurosis all as varieties of " masculine protest," the wish to deny weakness or inferiority. But he ignores the facts that desires to be passive or feminine are as common as aggressive ones; that it is not among the victims of actual inferiority, among cripples or the feeble-minded, that neurosis predominates; and that repression and the unconscious are significant. Psychoanalysis, on the other hand, shows that the " inferiority complex " is one of the commonest ways by which unconscious guilt produces conscious suffering, and that both scientific research and therapy require dynamic analysis of the unconscious

sources of this conscious symptom. In short, the therapy of Adler becomes in practice chiefly a therapy of the secondary gains,[1] and not of the *primary* causes of neurosis.

Dr. Carl Jung, Zürich psychiatrist and first editor of a psychoanalytic journal, is a man of profound intellectual gifts and a general culture which may be favourably compared with any contemporary man's. For years he was Freud's leading follower and made major psychoanalytic contributions to the psychology of schizophrenia, free association, and dream psychology. In 1910 he resigned from the International Psychoanalytic Society, after a violent quarrel of regrettable intensity. He had declared he could no longer share Freud's views on the differentiation of sexual libido from other types of psychic energy.

On this, as on other points of theory, the views of Freud and Jung today are seldom irreconcilable. Freud's latest theory that sexual instincts and Ego instincts are derived from the same fundamental sources ("Eros")[2] agrees with Jung's theory. Jung has also chiefly emphasized the "collective unconscious" — those symbols and phantasies which are common to all racial groups. Freud has always in therapy focused especially on the personal experiences which have determined the particular unconscious trends of each individual. But he was the first to show, and has never disclaimed, that besides the repressed memories of the individual's experience there is a vast realm of the unconscious which is common to the race. He had emphasized it especially in his book *Totem and Taboo* (1904), where

[1] See pages 243–6

[2] See "Eros and the Death Instincts," page 122.

he discussed the unconscious determination of tribal rituals and taboo. In his latest book he has pointed out that many of the unconscious phantasies revealed in analysis are probably survivals of previous experiences of the race.

Jung's description of the various "introvert" and "extravert" types is an unimpeachable classification of personalities for any who find it useful, though without a thorough investigation of the unconscious ontogenetic factors which produce the sub-types its value to the therapist is limited.

The therapeutic practices of Jung have diverged far more from those of Freud than have his theories. Though Freud does not dispute the "collective unconscious," he does not consider its existence justifies the therapist in neglecting the investigation of that portion of the unconscious which is the reservoir of the individual's own experience and the chief sources of neurotic conflict. Several students of Jung have quoted to me his own statements that he still regards Freud's psychoanalytic method as the therapy of choice for many psychoneuroses except in elderly people. Yet he himself no longer practises it, his students are not encouraged to study it, and somehow the misconception is widespread that Jung believes his own method should supplant psychoanalysis as a psychotherapeutic procedure.

Though Jung still uses free association to a considerable extent, his therapeutic principles and method in other essentials are very different from modern psychoanalysis. He interests himself especially in the determination of the patient's personality type, and in guiding him in the development of avocations. Special interest is taken in the

more symbolic elements of the patient's phantasy life, and in studying its similarities with those found in art, various religions, and mythologies.

There is no reason to doubt the personal stimulus and advantage which certain intellectually gifted people may derive from this procedure. But there is every reason to doubt that it cures a neurosis, when this is the purpose of the treatment. A wise and cultured mentor is beneficial to anyone, but psychoanalysis considers cure, whenever it is possible, better than advice. Psychoanalysts do not favour the use of Jung's methods because they are not etiological, and do not deal in an effective way with the fundamental involuntary resistance to the working-out of the conflict of the unconscious wishes and guilt, and of special experiences of the individual which have been repressed. Jung's methods also overemphasize the wisdom of the therapist and leave too little to the natural evolution of the individual. The psychoanalyst, in contrast to this, seeks not to allow his own biases, whether æsthetic, practical, or moral, to dominate his patients, not to assume that his opinion of how life should be lived is the most salutary for another human being. His experience is that if the instinctual forces are released from their bondage in the unconscious conflict, the individual then finds for himself those pleasurable activities most suited to his potentialities. Thus much of Dr. Jung's procedure appears to psychoanalysts to be far more a stimulating academic tutorship than an etiological therapy, providing the neurotic individual with a new philosophy with which to cloak his suffering rather than effecting a dynamic personality change and capacity for more mature development.

Otto Rank was one of the first of Freud's followers and a pre-eminent pioneer contributor to the non-medical aspects of psychoanalysis. In 1926 he decided to make a new experiment in psychoanalysis. The effectiveness of psychoanalytic therapy, he argued at that time, is due, not to the ideas which emerge from the unconscious, but to the emotional events of the treatment. Freud's discovery that the source of neurotic conflict is to be found in the repression of infantile experience is sound, but it is only the present experience that is of therapeutic importance; the past experience of the individual cannot be treated and is no longer of importance. Therefore, he concluded, let us revise technique, treat only the resistances to present emotional relationships, and make no special effort to resolve the resistances to recollection of past experience. Thus we may reasonably expect to achieve a cure in very short periods of analysis (two or three months) and find a solution to the problem which has baffled analysts until now — the long duration of a treatment.

This reasoning was sound, and therefore well justified the experiment.[1] During its first year several of the foremost analysts of America supported it and themselves applied his novel principles. In a short time they withdrew this support, owing partly to the increased vehemence of certain new theoretical concepts which Rank now advanced. He claimed that all neurotic anxiety was a repetition of the physiological phenomena of birth, and that the early termination of analysis reproduced the " birth trauma " and thus effected a cure. Freud had already dis-

[1] See pages 222–3.

cussed this theory in 1923, and pointed out the complete absence of any empirical data to show that there was a correlation of difficult births and subsequent neurosis. At any rate, there seemed to be no reason for ascribing all neurotic phenomena to a single cause, and that an entirely theoretical one.

But the main occasion for the consistent disavowal of Rank in recent years by his former colleagues was that, though the chief theoretical grounds for his experiments had been sound, the experiments were unsuccessful. Though in a few cases excellent therapeutic results appeared to justify the abbreviated form of therapy, many who could have been cured by Freud's technique did not react favourably to such premature and arbitrary termination of the analysis. The most common result was not that of the conclusion of a typical analysis, but an unresolved and heightened emotional conflict very similar to the " transference neurosis " with which analysts were familiar as a temporary condition, occurring in the course of treatment, but subsiding as the analysis continued.

To other analysts Rank's experiment was of great value. For it demonstrated conclusively that, although the conflicts which occur during the treatment are the dynamic agent of every analytic cure, the decisive ones are not fully reactivated unless the resistance to recollection of repressed infantile experience is thoroughly analysed.

During the subsequent two or three years Rank renounced his effort to modify psychoanalytic technique and in a succession of new publications offered a new " psychology " which he believed made Freud's work obsolete. Some portions represented views which all analysts shared,

but the terminology of Freud was replaced by new inventions of the author. At other times he presented as new discoveries of his own facts well known to Freud and his students for thirty years. With each subsequent publication, he departed further from the empiricism and determinism of Freud and finally repudiated scientific methodology. The substance of his recent views appears to analysts a speculative and not an empirically founded philosophical system based on the premise of freedom of the will and the volitional control of neurotic drives. If it were true that neurotic tendencies could be cured by will-power, there would never have been occasion for psychoanalysis at all.

*Conclusion.* A twenty-six month detailed investigation of psychoanalysis by a special committee of the British Medical Association ended in May 1929.[1] Dr. Ernest Jones, President of the British Psychoanalytical Society, was the only analyst represented. The conclusions of the committee were that, as its non-analytic members had no opportunity to test it directly, no collective opinion could be advanced either in favour of it or opposed to it. It would be tested by time and discussion. There was unequivocal recognition of many general misconceptions of the contentions of analysts, and of the fact that they should not be held responsible for the statements of other schools of psychotherapy. "Both in this country and abroad," the committee reports, "while a number of practitioners adopt a certain amount of psychoanalytic tech-

1 "Report of the British Medical Association on Psychoanalysis," *British Medical Journal*, June 29, 1929 (Appendix II of the Special Supplement) Abstracted by Isador Coriat, M.D., *Psychoanalytic Review*, Vol. XVII, No. 1 (January 1930)

nic, theory, and phraseology, psychoanalysts maintain they omit the most essential part of this theory and technic." The difficulties in mastering analytic technique, the need of special training, and the distinction between psychoanalysis and other schools, such as those of Jung, Adler, Stekel, and Rank,[1] are unequivocally recognized. "These workers," the committee reports, "in fundamental distinction from psychoanalysts, lay much less stress on the resistances which Freud by psychoanalysis labours to overcome." There is also this cogent statement: "*There is in the medical and general public, a tendency to use the term 'psychoanalysis' in a very loose and wide sense. This term can legitimately be applied only to the method evolved by Freud and to the theories derived from the use of this method. A psychoanalyst is therefore a person who uses Freud's technic, and anyone who does not use this technic should not, whatever he may employ, be called a psychoanalyst.*"

"Even today it is, of course, impossible for me to foresee the final judgment of posterity upon the value of psychoanalysis for psychiatry, psychology, and the mental sciences in general," writes Freud in *An Autobiographical Study* (1927);[2] and he concludes: "Looking back, then, over the patchwork of my life's labours, I can say that I have made many beginnings and thrown out many suggestions. Something will come of them in the future. But I cannot tell myself whether it will be much or little."

[1] Jung and Adler themselves, in contrast to many of their followers and critics, have not styled their work "psychoanalysis," and Rank is recently abandoning the practice.

[2] Translated by James Strachey, and published with *The Problem of Lay Analysis* (New York: Coward-McCann, Inc.).

This is the outlook of all sciences. How the future may show we are in error, what new and startling vision of the processes of life the next genius may reveal, no one can foretell. At best we can survey the knowledge at hand and judge as best we can from that. At the present time Freud's demonstration of the significance of unconscious processes appears to mark a revolution in human knowledge. Franz Alexander has pointed out that the dawn of each era of empiricism is a temporary shock to the traditional illusions of their own omnipotence which human beings cherish. As Galileo shattered our faith that our earth was the Universe, and Darwin our belief in the special creation of man, so Freud has proved that man's intellect is not supreme, that it is rather a unique instrument for utilizing and restraining the more primitive and fundamental impulses at work deep within us. This new knowledge wounds us deeply, especially those whose pride and life are consecrated to rational thought. Only the next generation can accept unemotionally what the great scientists of previous eras have proved.

The history of psychoanalysis is contained within the span of one man's maturity. Yearly, the contributions of its students are amplifying, verifying, and sometimes revising the views of Freud. But until some genius can give another equally rational explanation of the universal phenomenon that adults remember much of their lives after five years, and very few experiences of earlier years, the discovery of Freud that the human race forgets the events of infancy because infancy is a period when sexuality and rivalry are taboo, and yet is unconsciously influenced by them in adult life, will mark an epoch in the understanding of human nature and its problems.

# GLOSSARY

ABBREVIATIONS. *Def.*: fuller definition or description in the text. *M.*. medical definition. *Pa.*: psychoanalytic definition. *Py.*: psychiatric or psychological definition. *Syn.*: Synonym.

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*Abreaction* (Pa.): the therapeutically effective discharge of emotion associated with recall of a repressed memory; especially that which occurs when a repressed traumatic experience is recalled under hypnosis. (Def., 13)

*Actual Neuroses* (Pa.): anxiety neurosis, neurasthenia, and hypochondriasis. According to Freud, the anxiety is conscious but not referred, as in phobias, to specific things or situations, and the hypochondriacal symptoms are not formed by conversion. The symptoms, in contrast to psychoneurotic symptoms, according to him, are the result of a toxæmia caused by voluntary prohibition or abuse of the normal erotic functions (Def., 168)

*Affect* (Py.): the subjective aspect of emotion; instinct-tension perceived as mood, sentiment, or passion.

*Aim, Instinctual* (Pa.): that specific activity which is productive of pleasure by reduction of emotional tension; especially, for the sexual instincts, a specific erotogenic zone. (Def, 104–5)

*Aim-inhibited Wish* (Pa.): a wish which can be normally gratified without suffering by the substitution of an incomplete act for the original aim — for example, a handshake for an embrace, "friendship" for sensual relationship, "latent" for "overt" homosexuality. (Cf. "Sublimation.") (Def., 36 n.)

*Allergy* (M.): Protein hypersensitivity, the cause of hay-fever and many forms of asthma.

*Ambivalence* (Pa.): bipolarity of instinct; an impulsion to satisfy both of a pair of antagonistic functions; especially the bipolarity of love and hate, activity and passivity, masculinity and femininity, masochism and sadism. (Def., 33)

*Amnesia* (Py.): inability to recall a specific word or event, or a long or short period of one's life; psychopathological inability to recollect.

*Amnesia, Infantile* (Pa.): the normal inability to recall the experiences of (approximately) the first five and one-half years of life, especially infantile sexual experience.

*Anal Erotism* (Pa.): conscious or unconscious wishes associated with sensory stimulation of the anus, and the derivatives of these wishes in conscious thought, act, symptom, or character trait; in theory, those components of the sexual instincts whose primary aim is anal stimulation. (Def., 53)

*Anal Sadism* (Pa.): sadism associated with anal erotism and represented by conscious or unconscious phantasies of beating, exploding, torturing, dirtying, etc., and the derivatives of these phantasies in conscious thought, symptom, or behaviour. (Def., 128–9)

*Analysis* (Pa.): colloquial for "psychoanalysis" (*q.v.*).

*Anxiety Hysteria* (Pa.): a psychoneurosis in which phobias are the most conspicuous symptoms. (Def., 168–70)

*Anxiety Neurosis* (Pa.): one form of actual neurosis in which either psychological anxiety without phobia formation, or the physiological representatives of anxiety (palpitation, sweating, etc.), are the most conspicuous symptoms.

*Anxiety (Neurotic)* (Pa.): anxiety without, or disproportionate to, its rational justification, contrasted with "fear" of real danger. (Def., 168, 170)

*Autoerotism* (Pa.): pleasurable gratification by stimula-

tion of an erotogenic zone, without requiring the love of another; unconscious and conscious psychological derivatives of autoerotic impulses. (Def., 108)

*Bisexuality* (Pa.): the fact that unconsciously the instinctual aims of both sexes are present in every individual; and those theories of instincts derived from this fact. (Def., 30–1)

*Castration Complex* (Pa.): the dynamic constellation of unconscious ideas associated with the infantile phantasy of the absence or mutilation of a penis. (Def., 65)

*Catatonic Rage* (Py.): very violent and uninhibited impulses to destroy occurring in certain types of schizophrenia.

*Censor* (Pa.): in dream psychology, that which compels and effects the disguise of the latent content. (Def., 64)

*Character* (Py.): those aspects of the personality (*q.v.*), especially behaviour, which distinguish one from other human beings; what is typical of an individual's ego.

*Character Neurosis* (Pa.): a psychoneurosis whose most conspicuous feature is the compulsive repetition of characteristic behaviour which leads to excessive suffering or failure. Synonym: "Neurotic Character." (Def., 228)

*Coitus* (M.): sexual intercourse.

*Coitus Interruptus* (M.): voluntary withdrawal of the penis before orgasm.

*Complex* (Pa.): an emotionally charged constellation of associated ideas, especially unconscious ideas.

*Compulsion* (Py.): a psychoneurotic symptom; the need, which cannot easily be controlled by the will, to repeat a rationally purposeless act or ritual, though its futility is intellectually realized. (Def., 174)

*Compulsion Neurosis* (Py.): a symptomatic psychoneurosis whose most conspicuous features are compulsions which

seriously impair the fulfilment of mature aims, closely related to "obsessional neurosis." (Def., 174)

*Compulsive Character* (Pa.): a character neurosis closely related to compulsion and obsessional neurosis, whose most conspicuous features are the inflexibility of the character, the inability to abandon or alter a course of action or thought in order to avoid suffering, and excessive indecisiveness. (Def., 229)

*Condensation* (Pa.): the coincident representation of several unconscious wishes or objects by one conscious dream-image, thought, act, or symptom. (Def., 174)

*Confession Compulsion* (Pa.): the abnormal compulsion or normal need to confess verbally; also the impulse to commit symptomatic acts.

*Conflict* (Pa.): the antagonism of impulses; especially of a repressed wish and a punishment phantasy, of ambivalent instinctual aims, or of different components of the personality structure. (Def., 63, 83)

*Conscious:* (1) adjective; being aware, capable of rational perception or apprehension.

(2) noun; "*the* Conscious" (Pa.), an inclusive abstraction of all conscious mental phenomena.

(3) noun; "the system, Conscious" (Pa.), in theory, a dynamic concept implying a functional antagonism of a conscious "portion" of the mind to an Unconscious; in early psychoanalytic literature it was used with almost the same connotation as "Ego." (Def, 141–2)

*Constitution* (M.): (1) the hereditary endowment.

(2) (Py.) often used with a less precise connotation than "heredity," to include more or less generally what has become fixed and characteristic of the individual. (Def., 27, 165–6, 187–8)

*Controlled* (colloquial, "control") *Analysis* (Pa.): thera-

peutic psychoanalysis conducted by a student and supervised by a teacher. Synonym, "supervised analysis."

*Conversion* (Pa.): the transformation of an unconscious psychosexual impulse into an abnormal physiologic function, simulating organic nervous disease; according to Freud, the basic mechanism of hysterical symptom formation. (Def., 13)

*Conversion Hysteria* (Pa.): a psychoneurosis whose most conspicuous symptoms are localized abnormal functions of sensory or motor nerves, without disease of the tissues; the same as "hysteria" as used by neurologists and psychiatrists. (Def., 13, 172)

*Death Instincts* (Pa): a hypothetical group of instincts whose ultimate aim is death, whose biological manifestation is katabolism, and whose psychological manifestations are impulses to destroy or injure. (Def., 122–3)

*Defusion* (Pa.): in psychoanalytic theory, a process accompanying regression, characterized by a partial reversal of the fusion of Eros and the Death Instincts. (Def., 138)

*Delusion* (Py.): an abnormal conscious idea or belief whose logical absurdity or dubiousness the individual is notably incapable of accepting. (Def., 174)

*Depression* (Py.): (1) melancholia; a psychosis whose most conspicuous features are an abnormal degree of melancholy, a marked incapacity for pleasurable experience and useful activity, extensive inhibition and deceleration of intellectual activity and behaviour, and marked preoccupations with self-abasing ideas, some of which are generally delusions. (Def., 178–9)

(2) a recurrent phase of "manic-depressive psychosis" (*q.v.*).

(3) milder, non-psychotic moods qualitatively similar to psychotic depressions, "the blues."

*Didactic Analysis* (Pa.): psychoanalysis of a student whose primary purpose is scientific instruction. Synonyms: "teaching analysis," "training analysis." (Def., 263–4)

*Displacement* (Pa.): (1) the substitution of the original and unconscious object of an instinctual impulse by a "surrogate" in act or conscious phantasy.

(2) the substitution of partial aims of the sexual instincts for each other. (Def., 37, 38, 53)

*Ego:* (1) the self, that which controls conscious perception, thought, feeling, and act.

(2) (Pa.) in earlier literature Freud considered the Ego the seat of the conscious, intellectual, and self-preservative functions, and generally used "Ego" interchangeably with "the Conscious," as opposed to "the Unconscious."

(3) in the later concept of personality structure, more exactly described as that organized portion of the personality which enforces repression and the Reality Principle, and controls voluntary thought and the external discharge of emotional tensions. (Def , 146–7)

*Ego-instincts* (Pa.): instincts which serve the self-preservative functions; in early psychoanalytic theory, those instincts which oppose the sexual instincts and enforce repression; in later theory, that portion of Eros which serves these Ego-functions. (Def., 111)

*Ego-potentiality:* the potential capacity of an individual, if his psychoneurosis is cured or alleviated, to deal effectively with the real, environmentally determined problems of adult life. (Def., 240)

*Ego-psychology* (Pa.): those more modern aspects of psychoanalytic investigation and theory which emphasize the factors of the adult personality which oppose the gratification of infantile aims and mediate the normal gratification

of impulses; especially, the concept of personality structure and the anxiety theory of psychoneurosis. (Def., 64)

*Ejaculatio Præcox* (M.): a psychoneurotic symptom; that impairment of male genital function characterized by premature discharge of semen with defective sensual and emotional gratification.

*Enuresis* (M.): involuntary discharge of urine, especially bed-wetting.

*Epilepsy, Idiopathic* (M.): a group of common diseases in which no specific organic pathology has been proved, characterized by generalized convulsions or spells of loss of consciousness of specific types; generally accompanied by marked egocentricity and emotional explosiveness of the general personality, and frequently by progressive mental and social deterioration.

*Eros* (Pa.): that group of instincts whose aims are sexual pleasure and self-preservation, whose functions oppose those of the "Death Instincts"; the "life instincts." (Def., 122–3)

*Erotogenic Zone* (Pa.): one of the surface areas of skin or mucous membrane friction of which affords marked sensory pleasure; especially the external genitalia, lips, anus, and urethra. (Def., 52)

*Etiology* (M.): the causation of a symptom or disease.

*Exhibitionism:* (1) (Py.) a sexual perversion, in which display of the genitals affords maximal erotic pleasure.

(2) (Pa.) also, a normal partial-aim of the infantile sexuality and its derivatives, characterized by the conscious or unconscious wish to be looked at or to be admired, especially to display the genitals. (*See* Scoptophilia.)

*Fixation* (Pa.): a persistent and excessive unconscious wish for a specific form of pregenital sexual pleasure, or infantile object.

*Free Association* (Pa.): the fundamental principle of

psychoanalytic technique, the reporting of all thoughts as they become spontaneously conscious, with a minimum of rational or ethical criticism; the thought-processes of spontaneous reverie, contrasted with the intellectual association of ideas. (Def., 16, ff.)

*Frigidity* (Py.): any impairment of the female's capacity for genital sensory pleasure or for any aspect of the emotional constellation normally coincident with genital pleasure; it may be of any degree and is usually a psychoneurotic symptom.

*Frustration* (Pa.): either environmental or intra-psychic prevention of an act providing gratification of an instinct.

*Functional* (M.): abnormal without demonstrable pathology of the tissues; often used as a colloquial synonym for "hysterical" or "psychoneurotic."

*Fusion* (Pa.): in psychoanalytic theory, an impulse whose aim provides synchronous gratification for both Eros and Death Instincts; the theoretical origin of sadism, masochism, and normal adult aggression. (Def., 137)

*Gastric* (M.): pertaining to the stomach.

*Genitality* (Pa.): the normal adult organization of the sexual instincts; those aims of psychosexuality which impel to normal adult coitus, with which tenderness and the partner's pleasure are prerequisites of maximal gratification. Roughly synonymous with the non-analytic usage of "sexual instinct." (Def, 51)

*Grandiosity* (Py.): abnormal over-valuation of oneself, expressed in extreme ideas, delusions, or acts.

*Gratification* (Pa.): an act which reduces conscious or unconscious emotional tension; the fulfilment of an instinctual aim; "wish-fulfilment."

*Guilt, Unconscious* (Pa.): (1) those functions represented by unconscious punishment phantasies; suffering which re-

sults from gratification, or drive towards gratification, of a repressed wish. (Def., 68, 74–5)

(2) theoretically, the tension between Ego and Super-ego. (Def., 41A)

*Hallucination* (Py.): an abnormal perception, conviction of a sensory experience without a real (external) stimulus.

*Heredity:* that which is transmitted by the germ-plasm. (Def , 27, 165–6)

*Homosexuality:* (1) (Py.) an abnormal erotic relationship with an individual of one's own sex, or unusual prominence of psychological traits characteristic of the other sex.

(2) (Pa.) also a "latent" or *unconscious* wish either for "overt" (actual) homosexual experience, or for the characteristics and functions of the other sex.

(3) (Pa.) "aim-inhibited homosexuality," comprising all conscious and normal affectionate and friendly emotions for members of one's own sex.

(4) (Pa.) theoretically, a normal aim of a portion of the sexual instincts. (Def., 30–1, 139 n.)

*Hypnosis* (Py.): the induction by psychological suggestion, generally for symptomatic therapy, of a special mental state resembling sleep and characterized by a very sensitive degree of suggestibility. Synonym, mesmerism.

*Hypochondria* (Py.): a psychosis, whose most conspicuous and painful symptoms are ascribed to internal organs which are not diseased; also, milder symptomatic tendencies resembling those of the psychosis.

*Hysteria:* (1) (M.) a psychoneurosis whose most conspicuous features are localized symptoms of neurological dysfunction, without demonstrable pathology. Sometimes loosely used in medicine for psychoneurosis in general.

(2) (Pa.) in strict psychoanalytic usage, those closely related psychoneuroses referred to as "anxiety hysteria,"

" conversion hysteria," and " hysterical character " (*q.v.*); in colloquial usage, synonymous with " conversion hysteria," which is symptomatically identical with " hysteria " as used in neurology and general psychiatry. (Def., 6)

*Hysterical Character* (Py.): a character neurosis closely allied to conversion hysteria, whose most conspicuous features are unpleasant sensations when erotically stimulated, excessively volatile, childlike, and theatrical impulsiveness, and a pronounced repetitive tendency to provoke emotional relationships which soon end in quarrelling or failure. (Def., 229)

*Id* (Pa.): in the concept of personality structure, the unorganized source of primitive instinctual impulses. (Def., 143–5)

*Identification* (Pa.): the unconscious mechanism by which real or imagined characteristics of one person are reproduced in the personality of another; especially, the typical unconscious solution of an ambivalence (love-hate) conflict of a child in his feelings for an adult, resulting in the development and individual features of his Super-ego. (Def., 159)

*Impotence* (Py): impairment of the male's capacity for normal erection, orgasm, or erotic pleasure; usually a psychoneurotic symptom.

*Infancy* (Pa.): technically, in psychoanalysis, the period of life (approximately the first five and a half years) before the Œdipus Complex is repressed or resolved; roughly, the " pre-school " period.

*Infantile Sexuality* (Pa.): the normal sexuality of infancy, and its unconscious and conscious derivatives in the adult. It includes the phantasies and autoerotism of pregenital sexuality and the Œdipus Complex. (Def., 39, ff)

*Inhibition* (Py.): a normal or psychopathological paralysis of function.

*Instinct* (Pa.): (1) that biological energy which determines all manifestations of life.

(2) psychologically, the source of conscious or unconscious impulsions or drives which produce emotional tension and the need to act in a specific way. Instincts are classified according to their purpose and aim. (Def., 87–8, 104)

*Instinct-representatives* (Pa.): directly observable manifestations of instincts, especially conscious or unconscious thoughts, acts, or symptoms; a "wish." (Def., 89)

*Introversion* (Pa.): (1) originally used by Freud to designate preoccupation with phantasies of object love whose actual realization is neurotically inhibited.

(2) used by Jung to designate thoughts, feelings, sensations, or intuitive processes in which interest in other people is absent or secondary.

(3) today its general usage corresponds more to the definition of Jung than to that of Freud; it usually designates instinctual processes whose gratifications do not require an external object, especially the "introversion" of libido which characterizes narcissism.

*Latency Period* (Pa.): the period of psychosexual development, approximately from six to thirteen years, between the repression of the Œdipus Complex and puberty. (Def., 50)

*Latent Content* (Pa.): in dream psychology, those primary unconscious wishes, discovered by analysis of the manifest content, which have motivated the dream. (Def., 20–1)

*Lay Analysis* (Pa.): therapy by non-medical psychoanalysts.

*Libido* (Pa.): sexual energy; the energy of the sexual instincts which impels to pleasure; in later theory, a derivative of "Eros." (Def., 70)

*Lumbar Pain* (M.): pain in the loins.

*Manic-depressive Psychosis* (Py.): a psychosis character-

ized by "manic" periods of excitement, lack of emotional restraint, incessant mental and physical activity, and periods of depression. Typically, the two phases alternate, with intervals of health, and the cycle is repeated, but many cases are atypical. (Def., 145, 178–9)

*Manifest Content* (Pa.): in dream psychology, the conscious memory of what has been dreamt. (Def., 14)

*Masochism:* (1) (Py.) a sexual perversion, characterized by the need to experience physical pain in order to attain maximal erotic satisfaction.

(2) (Pa.) also, conscious or unconscious wishes to experience physical or psychological pain, and their derivatives; actual or potential pleasure in pain.

(3) (Pa ) theoretically, a partial aim of the libido, the passive instinctual aims resulting from incomplete fusion of Eros and the Death Instincts.

(4) (Pa.) loosely used as synonymous with any impulsion towards passive gratification; "passivity." (Def., 125–6, 135)

*Megalomania* (Py.): a psychotic condition characterized by delusions that one is a very great personage; psychotic grandiosity.

*Melancholia* (Py.): a severe psychotic depression (*q.v.*).

*Narcissism* (Pa.): (1) theoretically, the introversion of libido; love of self; that portion of the sexual instincts whose object is the somatic and psychic Ego.

(2) the normal manifestations of conscious or unconscious libidinal wishes which do not require giving pleasure to another for full gratification.

(3) in analytic psychopathology, unusual manifestations, or an excessive degree, of narcissism. (Def., 113–5)

*Narcissism, Primary* (Pa.): the original narcissism of normal infancy, before the stage of object-love.

*Narcissistic Character* (Pa.): an individual many of whose characteristic traits are determined by excessive narcissism and deficient capacity for object-love; colloquially, a "narcissist." Moderate types are closely related to "character neurosis," severe types to "psychosis." (Def., 132–3, 232)

*Neurasthenia* (Py.): a psychological state characterized by lassitude, irritability, failure to accomplish, mild but often abundant hypochondriacal complaints, and general psychic incapacity and lack of normal pleasure. (Often misused in general medicine as a diagnosis of almost any psychological difficulty.) (Def., 231)

*Neurology* (M.): the medical study of the organs of the nervous systems and their diseases.

*Neurosis:* (1) (M.) a dysfunction of the nervous system, (2) (Pa.): in psychoanalysis, the usual colloquial synonym for "psychoneurosis" (*q.v.*). (Def, 11 n.)

*Neurotic Character* (Pa.): synonym for "character neurosis" (*q.v.*).

*Object* (Pa.): the person, or surrogate for the person, who is essential for gratification of a specific instinctual impulse. (Def., 93, 114)

*Object-love* (Pa.): the need to give, to be tender towards, to provide pleasure for, another person, in contrast to autoerotic, narcissistic, and most pregenital love. (Def., 114)

*Obsession* (Py.): a psychoneurotic symptom; an absurd or inconsequential idea upon which conscious attention must be focused, though it is adequately evaluated by the intellect and opposed by the will. (Def., 174)

*Obsessional Neurosis* (Py.): a psychoneurosis the most conspicuous features of which are obsessions which seriously impair normal thought and behaviour. Closely related to "compulsion neurosis" (*q.v.*). (Def., 174–5)

*Œdipus Complex* (Pa.): the conscious or unconscious

erotic and tender love for either parent, with marked jealousy of the other parent; the normal culmination of the infantile period of sexual development. (Def., 49)

*Ontogeny* (*ic*) (M.): the sequence and relationship of phases of development.

*Oral Erotism* (Pa.): conscious or unconscious wishes associated with sensory stimulation of the lips and mouth, and the derivatives of these wishes in conscious thought, act, and symptom; in theory, those components of the sexual instincts whose primary aim is oral stimulation. (Def., 52–3, 108)

*Oral Sadism* (Pa.): sadism associated with oral erotism and represented by unconscious phantasies of biting or devouring, and the derivatives of these phantasies in conscious thought, symptom, or behaviour. (Def., 128–9)

*Overt:* direct, actual expression of a wish by conscious behaviour.

*Paranoia* (Py.): a paranoid psychosis whose delusions are highly systematized, intellectual, and coherent.

*Paranoid Character* (Py.): a type of narcissistic character, whose conspicuous feature is a pronounced subjective tendency to suspect others of hostile intentions.

*Paranoid Psychosis* (Py.): a psychosis whose most conspicuous feature is delusions that certain people are plotting, persecuting, or disloyal. (Def., 151)

*Parapraxia* (Pa.): an error or mistake, a "symptomatic act."

*Partial Aim* (Pa.): any one of the several means of gratification of the sexual instincts; especially one of the pregenital aims (oral, anal, phallic, urethral, scoptophilic, etc.). (Def., 106–7)

*Pathology* (M.): the study of changes in the tissues produced by organic disease.

*Personality* (Py.): the total psychological and social reactions of an individual; the synthesis of his subjective, emotional, and mental life, his behaviour, and his reactions to the environment. Used when less stress of the unique or individual features is connoted than by the term "character" (*q.v.*).

*Perversion, Sexual* (Py.): a conscious preference for attaining maximal erotic gratification by some other act than coitus, or the need to supplement coitus by some unusual sensual act. (Def., 60)

*Phallic Phase* (Pa.): that stage of sexual development in which the penis or clitoris is the zone of maximal sensory pleasure, but in which tender object-love and the pleasure of another are not essential for maximal gratification. (Def., 108–9)

*Phobia* (Py.): psychoneurotic anxiety, experienced when some special object or situation, as a certain animal or street, or the darkness, is encountered. (Def., 180)

*Physiology* (M.): the study of the function of organs and organ systems.

*Pleasure Principle* (Pa.): in instinct theory, the principle that pleasure results from reduction of instinctual tension, that all psychological processes are determined by the desire for maximal pleasure and minimal pain, and that immediate gratification regardless of future consequences is normally characteristic of the instincts when not controlled by an organized and mature Ego. (Def., 92)

*Pregenital Sexuality* (Pa.): (1) those aspects of infantile sexuality which antedate object-love and whose maximal gratification is autoerotic.

(2) the wishes of the adult unconscious for autoerotic gratification, and their conscious derivatives. (Def., 52)

*Prognosis* (M.): prediction of the probable outcome of a disease or treatment.

*Projection* (Pa.): perception of an endopsychic phenomenon as external and alien to the Ego; especially, ascribing or overemphasizing an unconscious wish, character trait, or ideal to another person. (Def., 151)

*Pseudo-memory* (Pa): a free association which seems subjectively to be the memory of an actual event, though its actual occurrence cannot be rationally proved. (Def., 25)

*Psychiatry* (M.): that department of medicine which studies and treats mental disease and the mental aspects of organic disease.

*Psychoanalysis* (colloquially, "analysis") (Pa.): the technique of Sigmund Freud; the application of this technique for psychotherapy, and for the study of normal and abnormal *unconscious* psychology, and its relationship to conscious psychology, medicine, and the "social sciences"; the data and the theories derived from these studies. (Def., 2–3)

*Psychoneurosis* (colloquially, "neurosis") (Pa.): a disturbance of psychological or physiological functions, of the general personality, or the social adjustment, without conspicuous evidence of psychosis or emotional indifference to other people, caused by unconscious conflict, and productive directly or indirectly of a significant limitation of pleasure or success, or a significant degree of psychic or social suffering. (Def., 95, 185, 226)

*Psychopathic Personality* (Py.): a diagnostic term used variously by different psychiatrists. In this book it is used to designate special types of abnormal personality, with or without definite psychosis, characterized predominantly by a profound disregard of social institutions and of morals,

and a marked incapacity to restrain antisocial impulses, though intellectually there is normal awareness of the laws and mores, and the consequences of their violation.

*Psychopathology:* abnormal psychology.

*Psychosexuality* (Pa.): (1) psychosexuality, as used in psychoanalysis, comprises all aspects of love and pleasure-seeking, and their mutual interrelationships; it emphasizes unconscious wishes for sensual gratification and their conscious de-erotized derivatives, normal and abnormal, as well as wishes which culminate in complete and mature heterosexual union.

(2) theoretically, the instinctual impulsion towards acts or thoughts of sensual and non-erotic pleasure, or substitutes for sensual pleasure. (Def., 29)

*Psychosis* (Py.): insanity; medically, one of the forms of mental disease which manifest a striking abnormality of mental function or behaviour, usually of a degree incompatible with self-sustained social adjustment, often but not always manifesting delusions and hallucinations. (In psychoneurosis, the engine is knocking, in psychosis a vital unit is lost ) (Def., 85)

*Psychotherapy* (Py.): treatment of disease, psychoneurosis, and personality problems by psychological means.

*Punishment Phantasy* (Pa.): a phantasy, generally unconscious in the adult, of an unpleasant consequence, which impels psychosexual inhibition and repression. (Def., 65, 74–5)

*Rationalization* (Pa.): a simple or philosophical, logically justifiable or fallacious, reasoning process which is exploited to explain intellectually an emotionally, generally unconsciously, motivated event. (Def., 8)

*Reality Principle* (Pa.): that normal function of the Ego, characteristic of maturity, which governs the temporary de-

nial of immediate gratification in order to avoid painful consequences. (Def., 98–9)

*Reality Situation* (Pa.): the actual environment of a person, especially the emotional attitudes of his associates appraised objectively, and the economic and other practical aspects of it. The environment as a patient would appraise it if he had no neurosis. (Def., 246)

*Regression* (Pa.): displacement of unconscious sexual aim or object to one whose primacy in normal development is chronologically earlier. (Def., 53–4)

*Repetition Compulsion* (Pa ): the characteristic tendency of instincts to reproduce a typical tension without regard to its potential pleasure. (Def , 103–4)

*Repression* (Pa.): (1) the unconscious denial of phantasy, or of direct and complete gratification, of a sexual or hostile wish, especially one associated unconsciously with infantile objects or aims.

(2) theoretically, the denial of an instinctual impulse by the Ego. (Def., 7–8, 63, 83, 112)

*Resistance* (Pa.): the rationalized development during every psychoanalytic treatment of emotional opposition to the method and original purpose of the treatment. (Def., 210–11)

*Sadism:* (1) (Py.) a sexual perversion, characterized by the need to inflict physical pain in order to attain maximal erotic gratification.

(2) (Pa.) also, conscious and unconscious wishes to cause another physical or psychological pain, and their derivatives; pleasure in inflicting pain or injury.

(3) theoretically, the active instinctual aims resulting from incomplete fusion of Eros and the Death Instincts.

(4) loosely used as though synonymous with any aggressive impulse; " activity." (Def., 125–6, 135)

*Sado-masochism* (Pa.): sadism *and* masochism.

*Schizoid Character* (Py.): a personality type characterized by marked limitation of self-assertive behaviour and object-love, social seclusiveness, and extensive preoccupation with phantasies, which are often of a poetical or symbolic character.

*Schizophrenia* (Py.): a group of malignant psychoses characterized especially by a profound deficiency of objective indications of emotion, the absence of "rapport," and an extreme preoccupation with ideas which are extensively symbolic, neologistic, unreal, and intellectually incomprehensible, often accompanied by very bizarre delusions, hallucinations, and behaviour. Synonym, "dementia præcox."

*Scoptophilia* (Pa.): conscious or unconscious psychosexual pleasure in looking, especially at the genitals, and its derivatives (curiosity); in theory, a partial aim of the libido. (*See* Exhibitionism.)

*Secondary Gains* (Pa.): those pleasures which a psychoneurotic person seeks to derive from or win by his symptoms or immature character traits; they are not the cause, but the result of the psychoneurosis. (Def., 253–4)

*Sexuality* (Pa.): colloquial for "psychosexuality" (*q.v.*).

*Source, Instinctual* (Pa.): the hypothetical physiologic functions which give impulsion to mental phenomena. (Def., 60)

*Structure, Personality* (Pa.): the generalization of analytic data by reference to Ego, Id, and Super-ego, and the theoretical concept of their dynamic interrelationships. (Def., 141–3)

*Sublimation* (Pa.): the process by which an unconscious sexual wish is consciously gratified in work, play, or art, without sensual experience, without love of another person,

and without contingent suffering. (Cf. "Aim-inhibited wish.") (Def., 36)

*Suggestion* (Py.): a method of psychotherapy for curing symptoms by direct or implied authoritative assurance that they will disappear.

*Super-ego* (Pa.): in the concept of personality structure, those aspects of the personality, in the main unconscious, which represent intrapsychically the authority of adults who originally imposed external frustrations and were passively loved and hated, and of society; theoretically, the organization of intra-psychic functions which threaten or impose a sense of guilt or psychic suffering and which determine idealism. (Def., 148–9)

*Surrogate* (Pa.): an object of an instinctual wish accepted consciously instead of another original unconscious object; a displaced object. (Def., 53)

*Symbol* (Pa.): any mental or behaviouristic representation of an act or thing by some simple, poetically toned substitute; especially those identical representations of unconscious psychosexual thoughts which are found to be common to many individuals, and recur frequently in dreams, art, folk-lore, and everyday life. (Def., 22–3)

*Therapy* (M.): treatment of disease or symptoms.

*Tic* (M.): a convulsive movement of any localized muscle-group, not subject to voluntary control.

*Training Analysis* (Pa.): synonym for "didactic analysis" (*q.v.*).

*Transference* (Pa.): the emotional attitude to the physician which develops during psychoanalytic treatment (inaccurately used for any unconscious object-displacement, or as a synonym for "liking" a person's *real* attributes). (Def., 39, 194–5)

*Transference Neurosis* (Pa.): the culmination of transfer-

ence during psychoanalysis, which is characteristic of the individual and the principal unconscious conflicts which have caused his neurosis. (Def., 208–9)

*Trauma* (M.): an external event which acts as a primary or precipitating cause of a symptom or disease.

*Traumatic Neurosis* (Py.): a mental disease caused by an acute emotional trauma, characterized especially by inhibition of function and the marked tendency to repeat consciously the emotions of the trauma, often reproducing portions of it in hallucinations or catastrophic dreams, accompanied by intense anxiety. "Shell-shock" is the best-known traumatic neurosis.

*Unconscious:* (1) adjective; unaware, inaccessible to consciousness by an effort of voluntary attention.

(2) "*the* Unconscious" (Pa.): an inclusive abstraction of all unconscious mental phenomena.

(3) the system "*Unconscious*," in theory a dynamic concept implying a functional antagonism between an unconscious portion of the mind and the conscious portion, or Ego. (Def., 4–6, 83, 142)

*Urethral Erotism* (Pa.): (1) conscious or unconscious wishes for sensory pleasure by urethral stimulation (urination), and their derivatives.

(2) in theory, those components of the sexual instincts whose aim is urethral stimulation.

*Wish* (Pa.): a phantasy, or potential activity whose gratification would be pleasurable, especially unconscious psychosexual and hostile phantasies associated with infantile aims and objects; an instinct-representative. (Def., 6 ff., 89)

# SUGGESTIONS FOR FURTHER READING

## Works of Sigmund Freud

The *Introductory Lectures on Psychoanalysis* (translated by Joan Rivière; London: George Allen and Unwin, Ltd.; 1929; 395 pp.) are comprehensive and non-technical. The *New Introductory Lectures* (translated by W. J. H. Sprott; New York: W. W. Norton & Company; 1933) have brought them up to date.

*Three Contributions to the Theory of Sex* (translated by A. A. Brill; Washington, D. C.: Nervous & Mental Disease Publishing Company; 4th edition, 1930; 104 pp.), a concise monograph presenting the basic principles of psychosexuality and the libido theory, is probably the best introduction to his work.

*The Ego and The Id* (translated by Joan Rivière; London: Hogarth Press; 1927) is the original presentation of the structural concept of personality, and the most important contribution to Ego-psychology.

*Beyond the Pleasure Principle* (translated by C. J. M. Hubback; New York: Boni & Liveright; 1924; 90 pp.) should be read by those interested in the more speculative aspects of the modern instinct theory.

*Collected Papers*, four volumes (New York: International Psycho-analytical Press; 1924). For those who wish to read extensively, these shorter papers are as important as his books. *The Case Histories* (Vol. III) contain the original exposition of many of his most important conclusions.

*Studien uber Hysterie*, in collaboration with J. Breuer (Leipzig: Autick; 1895; 269 pp.), reports their original hypnotic demonstrations of the effects of psychic traumata.

*Inhibition, Symptom and Anxiety* (translated by S. Pierce Clark; published by the translator) presents his final conclusions as to the mechanism of psychoneurosis.

*The Psychopathology of Everyday Life* (translated by A. A. Brill; London: Fisher and Unwin; 1914) deals with the unconscious motivation of mistakes.

*Totem and Taboo* (translated by A. A. Brill; New York: New Republic, Inc.; 1927; 265 pp.) is the pioneer and still the greatest contribution to the non-medical applications of psychoanalysis.

*Group Psychology and the Analysis of the Ego* (translated by James Strachey; London: The International Psychoanalytical Press; 1922) is an introduction to the application of unconscious psychology to sociology.

In the essay *Thoughts for the Times on War and Death* (*Collected Papers*, Vol. IV), one is introduced to Freud the compassionate and realistic philosopher.

*The Future of an Illusion* (translated by W. D. Robson-Scott; New York: Liveright; Psychoanalytical Library, No. 15; 1928) presents his views on religion.

*Civilization and its Discontents* (translated by Joan Rivière; New York: Cape & Smith; 1930; 144 pp.) presents his contemporary *Weltanschauung* and also contains important contributions to the psychology of unconscious guilt.

There are two autobiographical essays devoted largely to the history of psychoanalysis: *On the History of the Psychoanalytic Movement* (*Collected Papers*, Vol. I), unfortunately coloured by the violent professional controversies of the period when it was written, and *An Autobiographical Study* (published in the volume entitled: *The Problem of*

*Lay-Analysis;* translated by A. Paul Maerker and James Strachey; New York: Coward-McCann, Inc.).

As the years go by, psychoanalysts themselves more and more appreciate that *The Interpretation of Dreams* (translated by A. A. Brill; London: George Allen and Unwin, Ltd.; 3d edition, 1927; 510 pp.) is the scientific masterpiece of Freud; it contains the germ of practically every empirical and theoretical contribution to psychoanalysis. It is, however, probably the most difficult to evaluate without clinical familiarity with his subject.

## General Books by Other Authors

Anna Freud: *Introduction to Psychoanalysis for Teachers* (translated by Barbara Low; London: George Allen and Unwin, Ltd.; 1931; 117 pp.). The simplest, briefest, and clearest of all authoritative non-technical expositions; especially valuable for its clear presentation of the facts of infantile sexuality.

J. C. Flugel: *The Psychoanalytic Study of the Family* (London, Vienna, New York: International Psycho-analytical Press; 1921; 241 pp ). A non-technical book presenting psychoanalysis, and especially its role in normal psychology, in an incomplete but lucid way.

William Healy, Augusta F. Bronner, and Anna Mae Bowers: *The Structure and Meaning of Psychoanalysis* (New York: Alfred Knopf; 1930; 480 pp.). An interesting compilation of extracts from analytic literature, presenting on parallel pages the opinions of authors and critics; topically arranged.

Georg Groddeck: *The Book of the It* (Washington, D. C.: Nervous & Mental Disease Monograph Series, No. 49; 1928). Excellent reading, decidedly informal, but giving

vividly the " idea," more than the science, of unconscious psychology.

Otto Fenichel: *Outlines of Clinical Psychoanalysis* (translated by Bertram Lewin and Gregory Zilboorg, published serially in *The Psychoanalytic Quarterly*, and announced for publication in book-form by W. W. Norton & Company, 1934). An authoritative and comprehensive, clearly written presentation of the dynamics of psychoneurosis, with clinical material of special interest.

Helene Deutsch: *Psycho-analysis of the Neuroses* (translated by W. D. Robson-Scott; London: Hogarth Press and the Institute of Psychoanalysis; 1933; 237 pp.). Lectures to students at the Vienna Institute, less comprehensive than Fenichel's book, but less technical; an excellent introduction to clinical correlations of present conscious experiences and repressed experiences of the past.

For the student making a thorough study of technical literature, the chief papers of Abraham, Ferenczi, and Jones are indispensable supplements to the works of Freud:

Karl Abraham: *Selected Papers* (London: Hogarth Press; 1927). The most important supplement to Freud.

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### Special Aspects of Psychoanalysis

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Franz Alexander: *Psychoanalysis of the Total Person-*

*ality* (translated by Bernard Glueck and Bertram Lewin; Washington, D. C.: Nervous & Mental Disease Publishing Company; 1930; 176 pp.). An excellent book on the psychology of guilt and Super-ego dynamics, by an author who can write a book of equal interest to professional analyst and layman.

Helene Deutsch: *Zur Psychologie der weiblichen Sexualfunction* (Vienna: Internationaler Psychoanalytischer Verlag; 1925). The most important book on the psychology of women, and the best introduction to this topic.

Geza Roheim: *Psychoanalysis of Primitive Cultural Types* (*International Journal of Psychoanalysis*, Vol. XIII, Parts I and II; 1932). Report of the only extensive work in field anthropology by an experienced analyst.

Carl Jung: *The Psychology of Dementia Præcox* (translated by Frederick Peterson and A. A. Brill; New York: Nervous & Mental Disease Publishing Company; Monograph Series, No. 3; 1914). The classic pioneer exposition of the meaning of schizophrenic thought.

# INDEX

(Italicized page-references indicate specific discussion of the topic. Most references to published works are indexed under the author. "Fn." indicates foot-note; "ff." indicates "and following pages.")


Abraham, Karl 65, 116, 233, 264, 307
Abreaction (*see also* Hypnosis), *13–14, 283*
Activity, 135–6
Actual neurosis, *168*, 181, 231, *283*
Adler, Alfred, 231, *274–5*
Adolescence, *see* Puberty
Age, *239–40*
Aggression and Hatred (Hostility) (*see also* Sadism, Ambivalence, Instinct theories· Death Instincts, etc.), 10–11, 19, 29, 38, 41–2, 47, 48, 49, 53, 57, 65, 72–3, 78–9, 80, 81, 92, 105, 109, *123–5, 135–8*, 139, 241
Aichorn, August, 71, 307
Aims, instinctual, and autoerotism (*see also* Instinct theories: Libido, Psychosexuality, Narcissism, Oral erotism, Anal erotism, Phallic phase, Genitality, Sadism): 36, fn., 52–5, 93, *104–5, 106–8*, 110, 111, 114, 115, 116, 117, 118, 119, 120, 128, *283, 284*
Alcoholism, 232
Alexander, Franz, 71, 119, 121, 265, 282, 307
Allergy, 120
Ambivalence (*see also* Bisexuality), 17, *33*, 38, 39, 56, 81, 116, 118, 123–4, 131, 156, 160, 209, *284*
American Psychoanalytic Association, *262–3*
Amnesia, *see* Repression
Amnesia, infantile, 23–5, 25–6, *46–50*, 56, 60, 61–2, 161, 282, *284*
Anal erotism and Sadism: 41–3, 51, *52–3*, 54, 55, 57, 59, 60, *101–2*, 103, 107–8, 110, 117, *128–32*, 134, 195, 216–17, *284*
Anger, *see* Aggression
Anthropology, 3, 51–2, 52–3, 275–6

Anxiety hysteria, *see* Hysteria, anxiety
Anxiety neurosis, 168, 231, *284*
Anxiety, psychoneurotic (*see also* Psychoneurosis, Theory of, Guilt, Hysteria, anxiety), 10–11, 49, 65–8, 161–3, 166, *168–81*, 187, *284*
Art, *see* Sublimation
Asthma, 120, 238
Autoerotism, *see* Aims, instinctual

Berlin Psychoanalytic Institute, 253, 255, *264–5*
Biology, *see* Physiology, Organic disease, Heredity
Birth trauma, *278–9*
Bisexuality and Homosexuality (*see also* Ambivalence), *unconscious, 30–2*, 39, 50, 56, 91, *132–3*, 151, 170, 230, fn, 274, 285, 291; *overt, see* Homosexuality
Bleuler, Eugen, 33, 261
Bond, Earl, 234, 266
Boston Psychoanalytic Society, 262, 265
Breuer, Josef, *11–14*, 16, 18, 24, 188
Brill, Abraham, 159, 160, 262
British Medical Association, *280–1*
British Psychoanalytical Society, 262, 280
Bronner, Augusta F., 306
Brucke, Ernest V., 12

Caligula, *157*
Campbell, C. Macfie, 284
Cannon, Walter B., *93*
Castration complex (*see also* Guilt: clinical data, Penis-envy), 65, 66, 67, 68, 162, 170, 171, 202, 203, 217–18, *285*
Catharsis, hypnotic (*see also* Hypnosis), *13–14*
Censor, 63, 142, *285*
Character, *see* Personality, total, Character neurosis
Character neurosis (*see also* Compulsive character, Narcissistic neurosis, 40, *100–2*, 126, 129, *130–2*, *158–9*, *226–7*, 228–30, 285
Charcot, Jean Martin, 11–12
Chemistry, 90, 107, 138–9, 198–9
Chicago Institute for Psychoanalysis, 265
Child analysis, 59, fn., 65, 113, *254–8*
Child guidance, 57, 257–8
Clitoris erotism, *see* Phallic phase
Cobb, Stanley, 236
Coitus, *see* Genitality, Frigidity, Impotence
Coitus interruptus, 168
Colds, chronic, 236
Collective unconscious, 48 fn, *275–6*
Complex (*see also* Wish), 285
Compromise formations, 68, 174
Compulsions, compulsion neurosis, and obsessions, 6, 10–

11, 19, 43, 46, 51, 55, 66, 68–9, 138, 155, *174–8*, 226, *227*, *285*
Compulsive character, 229, 286
Condensation, 174, *286*
Conflict (*see also* Repression, Guilt, Psychoneurosis), 63–5, 66, 68, 74–5, *82*, 84, 95, 98, *112*, 142, 147, *151–2*, 158–9, 169, 173–4, *179–80*, 181, 187, 209, 211, 213, 228–9, 243–4, 254, *286*
Confusion, 118
Conscious, the (*see also* Ego, Unconscious), *142*, *286*
Constipation, 46, *236*
Constitution (*see also* Heredity), 286
Controlled analysis, *see* Education
Conversion, *see* Hysteria, conversion
Criminality, 71–2, 232
Cruelty, *see* Sadism
Curiosity, sexual, *see* Exhibitionism and scoptophilia
Cushing, Harvey, 236

Darwin, Charles, 47, 282
Day-dreams, *see* Wishes
Death instincts, *see* Instinct theory
Defiance, *100–2*, 103, 116, 129, 130, 196, 218–19
Defusion, *see* Fusion
Delusion (*see also* Psychosis), 20, 25, 26, 61, 174, 185, 282–3, *287*
Depression and manic-depressive psychosis (*see also* Suicide), *92*, *117*, *123*, *127*, 138, *145*, *159*, *178–9*, 181, 233, *287*, *293*
Destructive impulses, *see* Aggression and Hatred, Sadism and masochism, Instinct theories: Death instincts, Suicide
Deutsch, Felix, 120, 231
Deutsch, Helene, 136, 307, 308
Didactic analysis (*see also* Education), 288
Disgust, 30, 42, 68
Displacement (*see also* Regression, Transference), 20–1, *37–9*, *54–5*, 107, 195, *288*
Divorce, 230
Dostoievsky, 48
Dreams, 6, *19–23*, 37, 40, *57*, 60, 63, *64*, *65*, 68, 78–9, 84, 104, 112, 132, *151–2*; illustrations: *20–2*, 31, 34, *35*, 37, 38, *40–1*, 51, 57, 67, 78, 131, 151–2, 154, 162, *173*, *200–3*, 205, 218
Drives, *see* Instinct theories
Drug addiction, 232

Education of analysts, 235, 251, 258, *263–8*, 273
Ego (*see also* Instinct theories: Ego-instincts, Personality, total, Super-ego, Reality situation), 64, *142*, *146–8*, 149, *150*, 151, *154*, *155–6*, 159–60, 163, *164–6*, 167, *179*, *184–5*, 187, 256, 257, *288*

Ego-instincts, *see* Instinct theories
Ego potentiality, *220*, 222, 238–40, *240–6*, 247, *288*
Ego psychology (*see also* Personality, total), 288
Eitingon, Max, 262, 264
Ejaculatio præcox, 44, 53, 227, 289
Emission, nocturnal, 154
Enuresis, 49
Environment, *see* Reality situation, Ego, Heredity
Epilepsy, idiopathic, 236, *237*, 289
Eros, *see* Instinct Theory· Death Instincts and Eros
Erotogenic zones (*see also* Aims, instinctual), *52–5*, 289
Exhibitionism and scoptophilia, *34–5*, *40–1*, 44–5, 55, 59–60, 107, 111, 158, 172, *177–8*, 230, *289*, *301*
Extrovert types, 276

Fechner, Gustaf Theodor, 92
Feeble-minded, 240
Feigenbaum, Dorian, 262
Female, *see* Psychosexuality: in women, Penis envy, Menstruation, Frigidity, Phallic phase
Fenichel, Otto, 254, 307
Ferenczi, Sandor, 120, 307
Fixation (*see also* Wishes), 289
Flügel, J. C., 306
Forgetting, *see* Repression
Free association, *see* Psychoanalysis, method
Freud, Anna (*see also* Child analysis), 113, *256–8*, 306
Freud, Sigmund (*see also* Psychoanalysis: history), 3, 4, *11–15*, 16, *18–21*, 22, 23, 24, *25–6*, 27, 29, 30, 33, 34, 37, 38, 39, 52, *61–2*, *63–5*, 89, *92*, *93*, 98, 103, 104, 105, 106, 107, *110*, 111, 115, 117, 118, 120, *122*, 124, 125, 126, 137, 138, *139–40*, 141, 142, 144, 148, 159, 162, *168*, 169–70, 180, 181, *187*, *193–4*, *209*, 211, 231, 233, 234, *254*, *261–2*, *268*, *269*, 271, *273*, *275–6*, 278, 279, 280, *281*, *282*; works, *304–5*; (with J. Breuer) *Studien uber Hysterie*, *12–14*; *The Interpretation of Dreams*, *19–21*, 64; *Three Contributions to the Theory of Sexuality*, *Chapter 2*, *106–10*, 138; *Analysis of a Phobia in a Five-Year-Old Boy*, 38, 65, 162–3, 254; *Papers on Metapsychology*, 87, 89; *Beyond the Pleasure Principle*, 60, 68, 93, 98, 103, 122; *On Narcissism*, 113, 116; *The Ego and the Id*, 141, ff.; *Hemmung, Symptom und Angst*, 169; *Fragment of an Analysis of a Case of Hysteria*, 209; *Totem and Taboo*, 275; *An Autobiographical Study*, 281; *Civilization and Its Discontents*, 276
Frigidity (*see also* Genitality),

31, 44, *75–82*, 110, *131–3*, 226, *227*
Fusion and defusion: *137–8*, 140, 144, *287*, *290*

Galileo, 282
Gastritis, 238
Genitality (*see also* Psychosexuality), 29, 31, 44, 45, *51*, 54, 57, 60, 79, 105, *108–9*, 109–10, 114, 115, 118, 133, 135, 136, 137, *227–8*, *252–3*, *290*
Glueck, Bernard, 234
Goitre, exopthalmic, 236, 237
Grandiosity, *see* Megalomania
Groddeck, George, 120, 143, *306*
Guilt, unconscious, and Punishment phantasies (*see also* Super-ego, Conflict, Anxiety): clinical data, *65–75*, *77*, *79–80*, 123–4, 129, 130–2, 148–9, 161–2, 172, 174, 177, 178–9, 203, *299*, concept of: *64*, 68, 70, 73, *74–5*, *81–2*, *94–8*, 100, 123, *126–7*, 134–5, 142, 147, *148–9*, *161–6*, 174, 177, 185, 187–8, 213, 226, 274, *299*

Habit (*see also* Repetition compulsion), 142
Hall, Stanley, 262
Hallucinations, 104, 174, 185, 232, 291
Hartmann, Karl R. von, 5
Hatred, *see* Aggression, Ambivalence, Sadism
Hawthorne, Nathaniel, 155
Headache, 172–4, 236, 237
Healy, William J., 306
Heredity and constitution, *27*, 48, fn., 57–8, 87, 99, 104, 112, 129, 148, fn, 156, *165–6*, *188*, 233, 286, 291
Homeostasis, *93–4*
Homosexuality unconscious, *see* Bisexuality; overt, *33*, 123–4, 132, *230–1*, 232, 291
Horney, Karen, 124, 136
Hostility, *see* Aggression, Ambivalence, Sadism
Humour, *see* Wit
Hypertension, 120, 238
Hypnosis, *11–14*, 14–15, 18, 24, 196, 213, 225, *291*
Hypochondria, *118–19*, 121, *291*
Hypomania (*see also* Depression), 131
Hysteria, anxiety, and Phobias, 11, 38, 49, 65, *161–2*, *168–9*, 180, 225, *226*, *284*
Hysteria, conversion, 6, *11–14*, 18, *43–4*, *75–82*, 90, 97–8, 169, 170, *172–4*, 226, *227*, 237, 243, *287*, *291*
Hysterical character (*see also* Hysteria, Character neurosis), *229*, *292*

Id (*see also* Instincts, Unconscious, Personality, total, Pleasure Principal), 142, *143–6*, 147, 148, 149–50, 151, 154–5, 158, 167, 172, 179, 184, 185, *187*

Ideals (*see also* Super-ego), 148, 151, *156*, 158, *160*, *163–4*, 166
Identification, *50*, 78, 118, *159–66*, 107, 226, *292*
*Idiot, The*, 48
Impotence, 31, 42, *44–5*, 107, 110, 226, *227–8*, 242, *292*
Impulsions, *see* Instincts, theories of
Indecision, 229
Individual Psychology, *274–5*, 281
Infantile psychosexuality, *see* Psychosexuality: development of
Infatuation, 39
Inferiority feelings (complex) (*see also* Guilt, unconscious, Narcissism), 68, 126, 162, 166, 226, 229, 232, *274*
Inhibition (*see also* Psychoneuroses, Impotence, Frigidity), 123, *170–1*
Insanity, see Psychosis
Instinct-representative (*see also* Wish, Guilt: clinical data), *89–90*, 94, 96–7, 98, 123
Instinct theories: general principles (*see also* Id, Physiology, Pleasure Principle, Repetition Compulsion), *87–105*, 112, 125, 135–9, *139–40*, 141, 143, 145, *179*, *181–8*, 220, *293*; Libido theory (*see also* Psychosexuality, Pleasure Principle, Narcissism, Sadism), 96, 97, 98, 105, *106–11*, 111–12, 113–21, *121–2*, *125–9*, 132, *135–7*, 139, 156, 169, 179, 181, 275, *293*; Ego-instincts (*see also* Ego, Conflict), 63, 64, 97, 105, 107, *111–13*, 115, 120, *121–2*, 139, 142, 274, *288*; Death Instincts and Eros (*see also* Aggression, Sadism), *121–5*, *136–8*, 139–40, 275, *287*
Intelligence, 240
International Psychoanalytic Society, *262–3*, 267
Interpretation, *see* Psychoanalysis: method
Introversion (*see also* Narcissism), 293
Introvert types, 276

Jealousy, 41, 43, 46, 47, 55, 69, 72–3, 76, ff., 98, 149, 154, 201–2
Jeliffe, Smith Ely, 120, 262
Jones, Ernest, 65, 124, 262, 280, 307
Jung, Carl, 20, 122, *211*, 233, 261, 274, *275–7*, 281, 307

Kardiner, Abraham, 120
Klein, Melanie, 113, *148*, fn., *254*, 256, 258

Latency period, *50*, 160–1, 257, *293*
Lay analysis, *266*, fn., 293
Lewin, Bertram, 143, fn., 262
Libido theory, *see* Instinct theories

London Psychoanalytic Institute, 158, *254*, 264
Love, *see* Psychosexuality, Genitality

MacDougall, William, 105
Manic-depressive psychosis, *see* Depression
Marriage, 33, 39, 40, 70, 71, 77, 79, 81, 160, 230
Masculine protest (*see also* Bisexuality), *274*
Masochism, *see* Sadism
Masturbation (*see also* Aims), 32, 40, 48, 49, 50, 59, 75, 80, 103, 150, 169, 227, 231, 243
Medicine, *see* Organic diseases, Psychiatry, Physiology
Megalomania and grandiosity, 116, 117, *290*, *294*
Melancholia, *see* Depression
Memory, defects of, *see* Repression
Menstruation, 77, 236
Meyer, Adolph, 234, 268
Meynert, Theodor, 11
Migraine, 238
Mistakes, *see* Wishes
*Mourning Becomes Electra*, 7
Mouth, *see* Oral erotism
Muscle erotism, 111
Mythology, 51

Narcissism (*see also* Aims, instinctual, Narcissistic character, Anal erotism, Oral erotism, Phallic phase), *113–21*, 127, 137, 156, 157, 160, *171*, 184–5, *294*
Narcissistic character (*see also* Narcissism, Character neurosis), *101–3*, 116, 129, *132*, *171*, *203–6*, 223, *231–2*, 248
Neurasthenia, 168, 228, *231*
Neuroses, *see* Psychoneuroses, Organic diseases, Traumatic neurosis
Neurotic character, *see* Character neurosis
New York Psychoanalytic Society and Institute, 262, 265
Nightmares, *see* Dreams, Anxiety
Nirvana principle, 125
Nunberg, H., 233, 266

Object, psychosexual (*see also* Genitality, Narcissism, Displacement), 93, *113–14*, 115, 116, *117*, 119, 132, 156
Obscenity, *60*, 130, ff., 202, 218
Obsessions and obsessional neurosis, *see* Compulsions
Obstinacy, 129, 229
Œdipus complex, 48–50, 52, 58, 72–4, 80–1, 109, 112, *155–6*, 160–1, *172–3*, 176, 272
O'Neill, Eugene, 7
Oral erotism and Sadism, 43, 44, 51, *52–3*, 54, 55, 56, *58–9*, 60, 65, 99, *107–8*, 110, 117, 118, 120, 121, 122, *128–32*, 134
Organic disease (*see also* Physiology, Psychosis), 46, *71*, 89, *118–21*, 226, *235–8*

Pain (*see also* Hypochondria, Pleasure Principle, Sadism and Masochism), *119*

Paralysis, hysterical, *see* Hysteria conversion
Paranoid character, 232
Paranoid psychosis, *151, 235*
Partial aims, *see* Aims, instinctual
Passivity (*see also* Aims, instinctual, Sadism, Bisexuality), *135–6, 241,* 274
Pedagogy, 3, 258
Peeping, *see* Exhibitionism
Penis, *see* Phallic phase, Genitality
Penis-envy (*see also* Bisexuality), 31, 35–6, *131,* 133, 274
Personality, total, and Character (*see also* Ego, Character neurosis), 23, 40, 64, 77, 82, *91, 124–6,* 139, 252; structure of (*see also* Ego, Id, Super-ego, Psychoneurosis, theory of), *141–3, 149–59,* 168, 179, *181–5, 186–9, 301*
Persuasion, *see* Suggestion
Perversions, sexual (*see also* Homosexuality, overt), *55,* 60, 100, 125–7, *230, 285*
Phallic phase, *108–10, 132–3,* 134, 243
Phantasies, *see* Wishes, Guilt: clinical data, Unconscious
Philadelphia, 266
Phobias, *see* Hysteria, Anxiety
Physiology and Biology (*see also* Organic disease, Instincts), 5–6, 11, *88–95,* 106, *122–5,* 138–9, 143, fn., 168, *169,* 171
Pleasure principle (*see also* Instincts, Id, Reality Principle), *92–8,* 102–3, *104,* 121, *128, 145,* 184, 209, 236
Polyuria, 236
Pregenital sexuality (*see also* Psychosexuality, development, Aims, Instinct Theories· Libido, Anal erotism, Oral erotism, Urethral erotism, Exhibitionism, Sadism, Narcissism), *52–5, 59–60,* 108, 112, *297*
Pregnancy, 43–4, 51–2, 66, 77–8, 81, 109, 133
Prognosis, *see* Psychoanalysis· method, therapy by
Projection, *151–5,* 197, 263–4, *298*
Prostitution, 110, 131, 229
Psychiatry, non-analytic (*see also* Psychotherapy, Psychosis), *233–5, 257–8,* 266, *268–73,* 281, *298*
Psychoanalysis:
  Definition, *3–4,* 17, *281, 298*
  History (*see also* Freud), *11–15, 18–19, 23–7,* 56, 57, 61–2, *63–5,* 68, 84, *92,* 103, 110, *113,* 120–1, *121–2,* 124, 136, 138–40, *141–3,* 168, *169, 180, 181,* 187, *193–4,* 211, 231, *233–4, 254, 257–8, 261–9, 273,* 273–4, *275–6,* 278, *280–2*
  Criticisms of, 5, 21, 46, 61–2,

124–5, 215, 242, 250–1, *261*, 274, 279, *280–1*, 282
Method (*see also* Psychotherapy, Child analysis) general principles, 4, *23*, 58–9, 75, 79, 80, *83–4*, 90–1, *104*, 118–19, 121, *138–9*, 141, *150–1*, 154–5, *193–4*, *197–9*, *213–15*, *219–23*, *224–5*, *238*, 245, 270, *272–3*, 277, 279; free association (*see also* Psychoneurosis: Data, Wishes, Dreams), *14–19*, 21–2, 83–4, 89–90, 94, *152–5*, *172–8*, *193–4*, 201–2, 205, 207, *211*, 216, 217, 254, 273, 276, *289*, transference (*see also* Displacement), 15, *39*, 91–2, 194, *194–208*, 209–10, 234, *302*, transference neurosis, 121, 206, *208–9*, *219–22*, 256, 273, 279, *302*; resistance, 41–2, 46, 61–2, 77, 91–2, 101–2, 130, 152, 177–8, 200, 202–3, *210–19*, 245, *300*; interpretation, 35, 41, 42, 54, 152, 205, *215–19*, 254; therapy by (*see also* Psychotherapy, Psychoneurosis: therapy of), *24*, 58–9, *82*, 91, *104*, 120, 167, *193–4*, *196–9*, 205, *207–8*, 210, *213–15*, 219, *219–23*, *224–58*, 265, 271, *272–3*, 276, 277, 278; results, *248–54*, *255*
Psychoneurosis (*see also* Hysteria, Compulsion neurosis, Tic, Traumatic neurosis, Neurotic character, Narcissistic character, Frigidity, Impotence, Conflict, Guilt, Sadism, Super-ego) definition, 11, fn., 80, 70–1, 91, *95–6*, 100, 126, *185*, *226*, *298*; clinical data, 10–11, 12, 21–2, 31–2, 38–9, 40, 41, 43–5, 65, 69–70, 72–4, *75–82*, 130–2, 160–1, 170, 172–8, 199–203, 203–6, 217–18, 221–2; mechanism and theory of, 6, 11, 12–14, *18–19*, *23–8*, 40, *55–7*, 66, 68–9, 70, 72, *74–5*, 78, *80–2*, *84*, *94–8*, 100, 126–7, 147, 160, 167, 169–70, *172–4*, *179–81*, 185–8, 228, 243–4, 246; therapy of (*see also* Psychoanalysis· Method, therapy, Psychotherapy, Hypnotism), 13–14, 24, 58–9, 82, 207–8, 213–14, 220–2, *226–30*, 244–5, *247*, 268, *270–3*, *274–7*, *278–80*
Psychopathic personality, 157–8, 232, *298*
Psychosexuality (*see also* Instinct Theories: Libido, Narcissism, Anal erotism, Oral erotism, Phallic phase, Genitality, Sadism): definition, *29*, *299*; characteristics of, 22–3, 29–39, 58–9, 106, *114–18*, 125, *127–9*, 133–5; development of, 24–6, *39–62*, 108–11, *117–18*, 120, *128–9*,

134, 160–1; and psychoneuroses (*see also* Repression, Conflict), 18, 21–2, 27, *29–30*, 30–47, *55–7*, 65, 66, 67, 68, 69–70, 72, 73, *75–82*, 101–3, 107, *112–13*, 126, *127*, 128, 129, *130–2*, 133, 150–1, *169*, 175–8, *179–81*, 200–6, 252–3, 268–72; in women, 30–1, 33, 79, 108–10, 115, *132–3*, 136

Psychosis (*see also* Psychiatry, Schizophrenia, Psychopathic personality, Depression), 20, 25, 61, 91, 97, 145, 151, 174, 183, *185*, 187, 215, 223, *234–5*, *269*, *299*

Psychotherapy, non-psychoanalytic (*see also* Hypnosis, Psychoanalysis: Method, Psychiatry), 39, *196–7*, *207*, *213–14*, *215–16*, 221, *225*, 233–5, *244–6*, 248, 253, *257–8*, *268–73*, *273–80*, *299*

Puberty and adolescence (*see also* Genitality), *51*, *78–9*, 108, 151, *161*, 175, 257

Punishment phantasies, *see* Guilt, unconscious: clinical data

Putnam, James, 262

Rado, Sandor, 264

*Rain*, *158–9*

Rank, Otto, 274, *278–80*, 281

Rashes, 236

Rationalization, *8*, *17–18*, *299*

Reaction formation, *241–2*

Reality principle (*see also* Ego, Pleasure principle), *98–103*, 104, 111, 121, *146*, 179, 187, *299*

Reality situation (*see also* Reality principle, Ego), 70, 71, *76–7*, 204–6, *221–2*, 239, 245, *246–7*, *256*, 268, *300*

Re-education, *see* Psychotherapy

Regression (*see also* Displacement), *54–5*, 106, *112*, 117, 118, 127, *130*, 132, 134–5, *137–8*, *300*

Reich, Wilhelm, 181, *252*

Reik, Theodor, 214

Religion, 3, 40, 112, 158, 175, 196

Repetition compulsion, *103–4*, 122, 142, 209, 221, *300*

Representatives, *see* Instinct representative

Repression (*see also* Unconscious, Conflict, Wishes, Guilt), *7–8*, 12–13, 14, *26*, *50*, *63–5*, 66, 77–82, 83–4, 94, 98, *111–13*, 139, *146–7*, 150, 169, 179, 181, 185, *193–4*, 210, 222, 268, *300*

Resistance, *see* Psychoanalysis: Method

Rituals, *see* Compulsions, Religion

Roheim, Geza, 308

Sachs, Hanns, 157, 266

Sadism and masochism (*see also* Aggression, Instinct theories: Death Instincts, Guilt), 41, 51, 53, 65, 79–80, 101–2, 108,

110, 113, 121, 123, *128–35, 158–9, 172–4,* 229, 244; concepts of, 48, 52, fn., 122, 123, *125–39,* 187, 254, *294, 300*
Sarcasm, 126
*Scarlet Letter, The,* 155
Scherner, R. A., 22
Schilder, Paul, 138
Schizoid character, 232, 272, *301*
Schizophrenia, *23, 113, 117,* 138, 142, *233–5,* 275, *301*
Schopenhauer, 5
Scoptophilia, *see* Exhibitionism
Secondary gain, 128, 207–8, *243–46,* 275, *301*
Self-preservation, *see* Instinct theories Ego-instincts
Sexual instincts, *see* Instinct theories: Libido; Death Instincts
Sexuality, *see* Psychosexuality, Instinct theories: Libido
Shame (*see also* Exhibitionism), 68
Shell-shock, *see* Traumatic neurosis
Simmel, Ernst, 120, 264
Skin erotism, 111
Social work, 258, 268
Source, instinctual (*see also* Id), 93, 96, 106, 107, *138–9,* 143, *301*
Speech disturbances, *76–7, 81–2,* 228
Spinoza, Baruch, 5
Stammering, *see* Speech disturbances
Stekel, Wilhelm, 22, 281
Structural concept, *see* Personality, total structure of
Sublimation, 23, *35–7,* 36, fn., 49, 107, 112, 147, *241,* 252, *301*
Suggestion and Persuasion (*see also* Psychotherapy, Hypnosis), 196, 213, 215–16, 225, 253, 302
Suicide, *69–70,* 123, 127, *158–9, 179*
Sullivan, Harry Stack, 234
Super-ego (*see also* Personality, total: structure of; Guilt), 142, *148–9, 150–1,* 154–5, *156–7, 158,* 159, *160–5,* 166, *167,* 172, 173, 179, *184–5,* 187, *302*
Suspiciousness (*see also* Jealousy), 46, *199–203, 218,* 229
Symbolism (*see also* Dreams), *22–3,* 69, 87–8, 100, 116, 127, 131, *152–3,* 173, *302*
Symptoms, *see* Psychoneurosis, Psychotherapy

Tausk, Victor, 233
Teachers, *see* Pedagogy
Tempers, 19, 41, 49, 126, 129, 131, 229, 244
Tenderness, *see* Genitality
Therapy, *see* Psychotherapy, Psychoanalysis· Method
Thyroid, 236, 237
Tic, 10, 12, 160, *228,* 302
Total personality, *see* Personality

Training, psychoanalytic, *see* Education
Training, toilet, *see* Anal erotism
Transference, *see* Psychoanalysis: Method
Transference neurosis, *see* Psychoanalysis: Method
Trauma, psychological, *see* Psychoneurosis: mechanism
Traumatic neurosis, 103–4, 122, 187, *303*

Ulcer, gastric, 46, *121*, *236*, 237
Unconscious (*see also* Wish, Id, Repression, Guilt, Psychosexuality, Super-ego), *3–28*, 29–30, ff., *39–40*, ff., 45–7, 63–4, 65–6, *74–5*, *83–4*, *89–90*, 141–2, 143, 147, *148–9*, *193–4*, 214–15, 222–3, 268, 270, 271, 272, 275–6, 282, *303*
Urethral erotism (*see also* Phallic phase), *34–5*, 40, 44, 53, 55, 56, 59, 111, 158, *303*

Vaginismus, 227
Vienna, 11, 12, 256, 257, 261, 262, 265, 274

Weaning, *see* Oral erotism
White, William A., 234, 252
Will to power, 274; and Rank's psychology, 280
Williams, Frankwood, 262
Wish, unconscious, and Phantasies (*see also* Unconscious, Instinct-representative, Repression), *6–11*, 12–13, 17, *20–22*, *24–6*, 39–40, 43, 44, 48, fn., 50, 61, 63, 64, *65*, 69, 81, 82, *84*, *89–90*, 94–5, 98, 121, 142, *151–2*
Wit and Humour, 40, 60, 112
Women, *see* Psychosexuality: in women; Penis-envy, Menstruation, Frigidity, Phallic phase

Yogis, 119

Zilboorg, Gregory, 234, 262
Zurich, 275